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ABSTRACT

The fourth annual report on problems of the deaf concentrates in the area of the mentally retarded deaf. Proposed legislation for 1971 is first presented for hearing aids, audiologists and speech pathologists, pre-nursery school education, and a permanent state commission for the deaf. A survey and proposal for the retarded deaf are described as is the status of the multiply handicapped deaf compiled from a survey of schools and classes in the state. Also discussed are care for the aged deaf and recommendations of the commission. Eleven appendixes including state acts, exhibits, and proceedings comprise the bulk of the document. (RJ)

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TO:

THE HONORABLE NELSON A. ROCKEFELLER, GOVERNOR of the STATE OF NEW YORK, and to the Honorable Members of the Legislature of the STATE OF NEW YORK.

Sirs:

In accordance with Chapter 683 of the laws of 1966 as amended by Chapter 258 of the laws of 1967, by Chapter 646 of the laws of 1968, by Chapter 710 of the laws of 1969, and by Chapter 136 of the laws of 1970, we have the authority to submit the following report of the activities of the Temporary State Commission to Study the Problems of the Deaf for the year ending March 31, 1971.

Respectfully submitted,

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Reverend Martin J. Hall

Sister Nora Letourneau

Mr. Max Friedman

Mr. Fred O. McGrath

Mr. Carlton B. Strail

Assemblyman Guy R. Brewer,
Ex-Officio Member

Legislative Document

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THE NEEDS
of
THE DEAF AND HEARING IMPAIRED

THE
FOURTH ANNUAL REPORT
on
The Findings and Recommendations
Concerning
The Needs, Services and Programs
To Aid the Deaf and Hearing Impaired
of
New York State

Prepared by the Temporary State Commission to Study
and Investigate the Problems of the Deaf
855 Central Avenue
Albany, New York

March 31, 1971

EC 032 225E

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PREFACE

This year is the fourth year that the State Temporary Commission to Study and Investigate the Problems of the Deaf has submitted an annual report of its work and recommendations to the Governor and the Legislature of New York State. As in previous years, this report reflects the culmination of one year's research and study into various areas of concern to the deaf community.

Like last year, the Commission hired a working staff to investigate and research various problems and to give their findings and recommendations to the Commission for their review and consideration. The Commission also conducted public hearings and invited guest speakers to its meetings when it was in the best interest of achieving progress in a certain area.

The Commission wishes to extend its thanks to all the schools which hosted Commission meetings this year. Their cooperation and eagerness to be of service contributed significantly to the Commission's knowledge of the educational resources available to the deaf throughout the State.

INTRODUCTION

This 1970-71 report constitutes the fourth annual report to the Governor and Legislature of New York State by the Temporary State Commission to Study and Investigate the Problems of the Deaf.

As evidenced in this report, the Commission concentrated its efforts this year in the area of the mentally retarded deaf. A complete study and a proposal for a pilot program for the mentally retarded deaf are included in this report.

In addition, the Commission completed its study regarding the licensure of hearing aid dealers and fitters and undertook a new study to investigate the advisability of licensing audiologists and speech pathologists.

At the end of this report the Commission gives its recommendations for this year and lists its priorities for 1972.

1970-71 ANNUAL REPORT

Last year the Commission concentrated the majority of its efforts in the areas of hearing aids and life and automobile insurance coverage for deaf persons. This year the Commission set its priorities for investigation in the areas of the mentally retarded deaf and the licensing of audiologists and speech pathologists.

In 1969 the Commission had invited Doctors John Rainer and McCay Vernon to speak on the problems and some of their solutions to them in the area of multiply handicapped deaf. As a result of their discussions, the Commission set the following priority for this year: to conduct a survey to assess the number of deaf children in New York State who are in need of mental health services. A majority of the Commission's investigation this year was devoted to this priority.

Also upon the request of the Board of Regents the Commission undertook a study to determine whether audiologists and speech pathologists should be licensed in New York State. Reconciliation of the Commission's previously introduced legislation to license hearing aid dealers and fitters with a bill to license speech pathologists was also discussed with the appropriate interest groups.

These and other areas of interest and investigation are included in the following report.

1970 – 1971 ANNUAL REPORT

Chapter I

1971 Proposed Legislation

A. - Hearing Aids

Last year the Commission was responsible for the investigation, preparation and submission to the Legislature of a bill to provide for the licensing of hearing aid dealers in the State of New York. The bill passed both Houses of the Legislature but was ultimately vetoed by the Governor. (See Legislative Document No. 99, "The Needs of the Deaf and Hearing Impaired," March 31, 1970.)

At the commencement of this year, the Commission re-evaluated the bill and its purpose. The staff again reviewed the matter with members of the State's hearing aid dealers associations as well as with representatives of the Attorney General's Office.

The Temporary Commission to study the problems of the deaf feels that there is a growing awareness of the problems of deaf persons in the State of New York by means of legislation and otherwise. Through various state programs and private agencies greater emphasis is being placed upon finding and locating persons with hearing disabilities from infancy through old age. In addition more and more persons do not feel the stigma or the embarrassment of being deaf and are accordingly more willing to seek help with their hearing problems. There is thus a growing number of people who need and are willing to wear hearing aids. Accordingly, the commission feels that standards for testing and technical skills should be established concerning those persons who fit and deal in hearing aids. The commission is further aware that the State's own programs assist in testing of persons with hearing difficulties and the State provides its own funds so that certain persons may purchase hearing aids and related equipment.

There is presently a code of ethics among some hearing aid dealers in the State of New York. Membership in the dealer's association is voluntary and accordingly there are no uniform practices concerning technical skills or advertising existing in the industry in the State of New York. Thereafter it was decided that the bill should again be introduced in its revised form and an effort made to seek its passage.

An effort has been under way in this State to standardize the licensing of various professions as they are found in the Education Law. The so-called "Professions" bill designed to accomplish this standardization was vetoed by the Governor in 1970. The bill, however, was reintroduced in the 1971 Legislature. (S. 350-A.359) Those responsible for the "Professions" Bill suggested to the staff members working on the hearing aid dealers legislation that a bill amending the "Professions" bill by adding an article covering the licensing of hearing aid dealers be prepared. Such a bill was prepared and introduced.

The Commission thus had two bills introduced in 1971 for the licensing of hearing aid dealers. As of the time of this report being prepared, the fate of the bills is unknown. The Commission is on record as endorsing the licensing of hearing aid dealers and positively supports the passage of either of the bills. The Commission believes that the interests of the deaf community in New York State will best be served by the licensing of hearing aid dealers as greater consumer protection will be achieved and an upgrading of the entire business will be fostered. Furthermore, there is mutual agreement that consumer protection is the most positive aspect of this legislation along with raising the standard for this business. Furthermore, there is mutual agreement that consumer protection is the most positive aspect of this legislation along with raising the standard for this business.

B. Audiologists and Speech Pathologists

The Commission also became involved in the possible licensure of speech pathologists and audiologists at the request of some member of the New York State Board of Regents. In order to inquire into the need for such licensure as well as to gather additional information concerning this profession, the Commission called for a public hearing which was held in Syracuse, New York on November 5, 1970. Various persons from the speech pathology and audiology professions testified as well as other persons interested in the topic - (see appendix for complete transcript.)

Further meetings with representatives of the profession and some of the Commission staff members resulted in two things: (1) the Commission has determined that a need existed for such licensure; (2) a bill was drawn by both and presented for introduction in the Legislature. The rationale was that the speech pathologists and audiologists represented a profession which is vitally involved with deaf persons and persons with impaired and/or defective hearing, speech, and other related disorders. The health and welfare of such afflicted persons, and indeed their lives, may depend on the proficiency and quality of the care and work of the speech pathologist and audiologist.

In addition, speech pathologists and audiologists often work closely with members of the medical profession. As the law presently stands, the medical members are, by licensing, subject to the control and regulation of the State of New York, and, yet, persons working in areas which are in some ways related to medicine are not licensed and not subject to State regulation.

The public interest will be promoted by such proposed licensure of speech pathologists and audiologists. Those persons afflicted with hearing disorders treated by those to be licensed will be better protected in that the State of New York will have the power to revoke a license and put an incompetent or unscrupulous individual out of business. Such a power should exist especially in areas relating to the health and alleviation of physical handicaps. Therefore, the Commission to Study and Investigate the Problems of the Deaf takes this view.

C. - Pre Nursery Education

Preschool education of the deaf child is not an innovative concept. Advancements in early diagnostic and case finding techniques in post World War II period led educators of the deaf to the irrefutable fact that to derive the fullest benefit, the deaf child must receive auditory training and develop language skills at the earliest possible date upon diagnosis. Programs providing educational services for deaf infants and their families were instituted in New York State by hospitals, universities, schools for the deaf, and by community agencies. The benefit derived by the deaf child and his family has been well established by many years of experience since.

The problems of the deaf and matters concerning the education of the deaf have traditionally been met by the State of New York. Such children are presently eligible for State appointment to the existing schools for the deaf at age three. The Commission has introduced legislation which would amend the education law to provide State aid for approved day school programs for the deaf and hearing impaired children under the age of three of suitable age and capacity.

Dramatic medical advances have made possible programs of identification and management of hearing losses which include prompt case finding, early diagnosis, prompt treatment, habilitation or rehabilitation. Early detection of such hearing impaired children will not greatly be effective or worthwhile unless there is provision for early education and special training. Title I of the Elementary and Secondary School Act, as amended, provides funds to the state-operated and state-supported schools for the deaf that have initiated such programs for deaf infants below the age of three. These programs include individual tutoring in speech, speech-reading, and auditory training of trained teachers of the deaf; medical, psychological, and social services; perceptual and visual memory training; language development activities; parent education and involvement.

The Mill Neck School (Long Island), St. Joseph's School (Bronx), St. Mary's School (Buffalo), and a few other programs presently provide the aforementioned services under diminishing Federal funds. Although more programs of this type elsewhere in the State are needed, other priorities have foreclosed their being initiated through said Title I funds. A generally accepted figure on the incidence of deaf births is one in every one thousand live births. This statistic alone points to the need that this important service be maintained, let alone the expansion of such a service.

At a time when educators for hearing children are seeing the need for pre-kindergarten education, educators of the deaf are seeing the need for even earlier initiation of language development and auditory training for a child as soon as diagnosis of hearing impairment is made. The deaf child without an auditory system must be stimulated in other ways to gain language shills and mastery. This deaf child that starts school at age three is already behind and proceeds ever so slowly. By starting him earlier we avoid compounding his problems.

The achievement records of deaf children indicate the need for all and any improvement and this is where the start should begin. Experience has shown that the deaf student having been provided with the opportunity of such early training has learned compromise, reason, and routine to the extend that he or she is more ready for schooling and advances more rapidly. He is adjusted to routine and pays greater attention to speech and sound at an earlier age which in turn permits him to move and learn at a faster rate. Probably the greatest single effect of an early training program is the parental training and involvement which is provided. Both the child and the family learn reasonable behavior and interaction with each other. Use of advanced equipment and techniques on a daily basis combined with routine checks by medical and social personnel insures that the deaf child and its family will minimize some of the tragic effects of this invisible handicap of deafness.

The Commission has proposed legislation to provide educational services for deaf and hearing impaired children resident in this State below the age of three years in every legislative session since January, 1968. Again this year the Commission through its legislative members has introduced legislation to provide these services. (See Appendix F). It is intended that this commission sponsored legislative bill will expand the availability of pre nursery programs to speech and hearing clinics and other facilities approved by the Department of Education's Bureau of Physically Handicapped Children so that all deaf and hearing impaired children in the State will benefit therefrom.

D. - Permanent State Commission for the Deaf

Each year as the Commission conducts investigation in various fields of interests, each answer to a question seems to uncover many other related problems and questions. Thus in its years of existence the Commission has never suffered from a lack of problems to investigate and solve and each year has found it necessary to set priorities to limit its scope of inquiry.

This year the Commission felt that it was time to deal with the problem of the Commission's future. At the end of four years of existence, the Commission feels that it has just begun to gain the needed respect and rapport with State agencies and organizations of the deaf and hearing impaired which is necessary to achieve progress in many areas. It has been difficult to maintain a continuity in work and relationships with the Commission's status being suspended for a few months each year. Also to be effective and to have the cooperation of many different organizations, a body must have some permanency and some sound authority. For these reasons the Commission this year introduced legislation to create a Permanent Commission for the Deaf and Hearing Impaired.

Powers and Duties

Many of the powers and functions which were included in the legislation to establish a Permanent Commission are similar to the duties of the current Temporary Commission. These powers and functions include:

1). to coordinate, review and determine programs presently existing regarding the deaf and hearing impaired, 2). to promote programs for the betterment of the deaf and hearing impaired including those persons with multiple handicaps including deafness and impaired hearing,

3). to coordinate and work with state agencies and private groups and organizations in New York State in establishing and promoting programs for the betterment of the deaf and hearing impaired,

4). to investigate the causes of deafness and impaired hearing and make recommendations for the amelioration of such conditions, and

5). to promote an awareness of the problems and needs of the deaf and hearing impaired in such areas, but not limited to, education, employment, and job training and to prepare and disseminate information regarding all phases of life of the deaf and hearing impaired.

Although the State has several organizations and agencies which are concerned with providing services and programs for the deaf, there is no single agency which is responsible for coordinating all these services nor any one organization which can determine priorities for services to the deaf. A permanent State Commission for the Deaf could make efficient use of already existing State resources and provide continuity to all programs for the deaf throughout the State. For this reason the Commission is recommending the passage of its bill to establish a permanent State Commission for the Deaf and Hearing Impaired which can be seen in Appendix G.

Chapter II

MULTIPLY HANDICAPPED DEAF

A. Mentally Retarded - A Survey and Proposal

INTRODUCTION

This study concerned itself with defining the deaf retarded population, its incidence within the institutionalized retarded population, existing programs and services, resultant needs, and methods and suggested programs to meet these needs. The data collected from this study resulted in a number of meetings with state education, mental health and rehabilitation personnel. The positive responses presented at these meetings resulted in the decision by the Commission to draft this preliminary proposal for consideration by the appropriate agencies and interested parties.

The Population

Within the United States, there exists approximately 290,000 institutionalized retatded. This figure represents only those who are committed to private and public institutions and does not include the large number who may clinically be judged retarded but are situated otherwise. Within New York State, the number of institutionalized retarded is approximately 29,000, a figure which represents 10% of the total institutionalized retarded population in the United States. The percentage of these 29,000 patients who may functionally be regarded as deaf has to date not been accurately determined. Should it be shown that the functionally deaf (to be defined) represent a meaningful percentage of the above 29,000 patients, and that existing programs fail to take into full consideration their multiple handicaps, then it may be that

New York State is failing to provide for their needs on an educational, habilitative, and humanitarian level. As the physical fact of deafness, in itself, poses formidable educational and communicative barriers, failure to provide specialized programs for the retarded deaf must result in a higher incidence of retarded deaf remaining permanently institutionalized than would be the case were special programs available. The validity of this statement will be covered and supported in the section dealing with Past and Existing Programs. Thus, assuming the above conditions to be valid, New York State is imposing on itself a larger, self-perpetuating financial burden for the permanent care of these patients than would be the case were specialized programs available, programs the cost of which would be nominal compared to the lifetime custodial cost involved.

HEARING LOSS AMONG THE RETARDED

There is a considerable and growing literature relative to the incidence of hearing loss among the retarded. Reported estimates range upward to 57% of the population sampled (Birch & Matthew, 1959; Lloyd & Reid, 1967. Schlanger (1961) reported a prevalence of over 50%. In testing 498 retarded patients, 210 under twenty years of age, and 288 over twenty years of age, Schlanger and Gottsleben (1956) found only four percent with normal hearing while thirty-five percent had demonstratable hearing losses. Johnson & Farrell (1954) in testing 270 children at the Fernold School, found the 66 (24%) showed significant hearing losses. This figure is approximately five times as great as prevails among Massachusetts public school children in similar age groups. The severity of the impairment shown by the affected children was also much greater than that of the public school children. It is axiomatic that the hearing loss of many patients goes undetected due to more prominent abnormalities. Such hearing losses should be considered as contributing in some measure to educational and social retardation, particularly among the milder retarded.

Kodman, Siegenthaler and Bradley (1958,1959,1955) all report that hearing loss is common in the institutionalized mentally retarded relative to the general population which shows a prevalence approximately one-fourth as great. These studies also suggest that up to 25% of the mentally retarded show at least mild hearing loss.

Within New York State, an audiometric study was completed by Dr. Nober of Syracuse University on the entire population of the Rome State School (1968). This study, "The Audiometric Assessment of Mentally Retarded Patients" was released in 1968. It is of relevance to note the procedure which was followed. Patients were group screened at 30 db (ISO) at frequencies of 500, 1000, 2000, 4000 and 6000 Hz Inclusive. A "Pass-Fail" procedure was established based upon a five-point scale. Patients who failed group screening were individually tested as above. The results of a total population of approximately 4,000: 43% of the males and 44% of the females possessed hearing losses.

There is no dearth of further studies to quote; the principal findings are basically similar: that the incidence of hearing loss, ranging from mild to profound, is statistically significantly higher among the retarded than among the normal population. The majority of such studies, however, point up the problem of utilizing the findings contained therein for purposes of programming for the retarded deaf. To cite Dr. Nober's study: the findings of this intensive study provide no clue as to the number of functionally deaf patients. Although 44% of the population of the Rome State School were found to have hearing losses as defined by the procedures used, it is self-evident that 44% of this population cannot be considered sufficiently hearing impaired to warrant special programming.

Audiometric evaluation of the mentally retarded is enormously time consuming, requires highly skilled technicians, and is subject to a high degree of error. To evaluate an entire state population is a research project of major proportions. In view of factors discussed above, the need was but to approach the problem of obtaining an accurate estimate from an entirely new standpoint. It was decided, after careful consideration of methods and procedures, to approach this problem from a behavioristic standpoint. This procedure, in its basic concept, is direct and uncomplicated. Professional staffs, attendants, nursing personnel and patients were to be approached directly. Professional opinions were to be solicited as to the condition of the patient's hearing and direct, behavioristic observation was to be made of all patients with suspected functional hearing losses. In terms of the number of patients directly observed and the total population covered, this method was unexpectedly swift: the 4,000 patient population of the Rome State School was surveyed in three days.

The actual studies were considerably more sophisticated than is perhaps conveyed by the above description. Forms and methods of interviewing were developed and the two man team consisted of trained professionals, one a psychologist with clinical training in working with the deaf, the retarded, and the retarded deaf. Following the above phase, the patients' folders were analyzed to obtain supporting data. This method appears to have considerable validity and will be thoroughly discussed in the section which presents the research project in detail.

DEFINITION OF THE MENTALLY RETARDED DEAF

Retardation

The mentally retarded are legally so defined by legislation of each state which describes the medical, intellectual, and clinical conditions prerequisite for admittance or commitment to facilities for the retarded. Commonly used tests of general intelligence have an arbitrary cut-off point of around 84. An individual scoring below this point is not necessarily retarded, but is under consideration for possible retardation. Such tests cannot accurately measure the level of a person's adaptive behavior. Since "it is the deficiency in adaptive behavior, not a sub-average test score, which draws society's attention to an individual and creates a need for social or legal action on his behalf...the official definition of the American Association of Mental Deficiency requires that a suspicion of mental retardation established on the basis of measured intelligence be confirmed by a clinical judgment as to the individual's actual adaptive behavior." (Heber, Rick, 1965).

Diagnosis of the mentally retarded deaf poses special problems, both in the use of intelligence tests and in clinically measuring adaptive behavior. Such will not be discussed in detail, but will be covered briefly enough to offer broad guidelines in defining the mentally retarded deaf. As regards intelligence testing, it can be stated briefly that only performance tests of intelligence should be utilized. Due to the experiential deficiency of the retarded deaf, the more culture-free the instrument, the more accurate will be the resulting estimate of intellectual functioning.

Clinical diagnosis of adaptive behavior of the retarded deaf is based on differential diagnosis. Although the clinician must naturally be experienced in the area of retardation, he must concomitantly be experienced in working with the deaf and understand thoroughly the behaviorial, social and educational implications of deafness, per se. Whether or not the deaf individual suspected of retardation possesses any language or any particular knowledge of manual communication, it is necessary that the clinician, assuming the responsibility for diagnosing such an individual, himself be well versed in manual communication. Failing to possess this skill, a trained interpreter of the deaf must be present during the examination.

Due to the enormous language handicap posed by deafness and even mild retardation, many cases have been misdiagnosed as severely or even profoundly retarded, when their actual potential adaptive behavior is near or surpasses normal. The author is familiar with one case who was judged to be severely retarded. Following proper diagnosis and training, the patient obtained a score of 120 PIQ on the WAIS and subsequently was discharged. Vernon (1969) reports the case of a young deaf boy who was judged retarded and spent several years in a California institute. Upon retesting, he obtained normal scores and was transferred to a school for the deaf. He subsequently graduated from Gallaudet College. While such cases may in truth be extreme, they indicate the need for clinicians trained in both retardation and deafness.

Diagnosis based on adaptive behavior is further compounded due to the fact that deaf individuals exhibit a higher number of multiple handicaps. In discussing this problem, Vernon (1969) states: "For example, degrees of brain damage, autism, schizophrenia, asphasia, or visible physical defects are not uncommon. Any of these conditions along with deafness often result in test responses and behavioral patterns which are easily confused with retardation in fact, the basic problem of the differential diagnosis of whether or not any of these conditions are present can be extremely difficult in certain cases. The problem is further compounded because autism, brain damage and aphasia are known to be more common in the deaf population.

From the above remarks, it may be seen that diagnosing the retarded deaf relies heavily upon differential diagnosis by clinicians skilled in working with both the deaf and the retarded. Kirk (1962)has expanded upon this concept of potential adaptive behavior, and we recommend that his definitions serve as guidelines, keeping in mind the special and specific conditions arising from deafness:

a. "The Slow-Learning--Those who are not considered mentally retarded because they are capable of achieving a moderate degree of academic success even though at a slower rate than the average child. They are educated in the regular classes without special provisions except an adaptation of the regular class program to fit slower learning ability. At the adult level they are usually self-supporting, independent and socially adjusted.

b. The Educable Mentally Retarded--Those who, because of slow mental development, are unable to profit to any great degree from the programs of the regular schools, but who have these potentialities for development: (1) minimum educability in reading writing, spelling, arithmetic, and so forth; (2) capacity for social adjustment to a point where they can get along independently in the community; and (3) minimum occupational adequacy such that they can later support themselves partially or totally at a marginal level. The term "educability" then refers to minimum educability in the academic, social, and occupational areas.

c. The Trainable Mentally Retarded--Those who are so sub-normal in intelligence that they are unable to profit from the program of the classes for educable mentally retarded children, but who have potentialities in three areas: (1) learning self-care in activities such as eating, dressing, undressing, toileting, and sleeping; (2) learning to adjust in the home or neighborhood, though not to the total community; and (3) learning economic usefulness in the home, a sheltered workshop, or an institution.

d. The Totally Dependent Mentally Retarded--Those who, because of markedly subnormal intelligence, are unable to be trained in self-care, socialization, or economic usefulness, and who need continuing help in taking care of their personal needs. Such children require almost complete supervision throughout their lives since they are unable to survive without help."

Broadly speaking, the conditions which must be met for specifying that an individual is mentally retarded are similar, on the surface, for both the deaf and the hearing. The purpose of the foregoing discussion was to stress the unique conditions resulting from deafness and to point out the nature of the instruments and training prerequisites to proper diagnosis. With this in mind, the guidelines recommended by the AAMD and those specific requirements mandated by New York State are supported.

Hearing Loss

In the foregoing discussion of a definition of the retarded deaf, nothing has been offered relating to the actual degree of hearing impairment. The great majority of published studies relating to the hard of hearing or deaf retarded deal solely with audiological aspects of the problem. The difficulty in utilizing the results of these studies for purposes of special programming was pointed out earlier.

Audiologically, who should be included in a special program for the retarded deaf? This problem is roughly analagous to a diagnosis of the retarded deaf based on IQ and clinical judgment. IQ, as we have seen, is subject to error and difficult to assess, while clinical judgment, even more difficult, is based on the gestalt, the total life circle and actual and potential functioning of the individual. So it is with the hearing of the individual: both measured hearing and functional (psychological) aspects of this hearing must be considered.

Although it may come as a surprise to the reader, there is no pat, universally accepted definition of functional deafness. In any single case, professional opinions as to the severity of the hearing loss, in a functional sense, may be obtained which will vary in their judgment.

Schools and institutions charged with the responsibility of educating the normal deaf child, i.e., the child in which deafness is the only existing known handicap, have formal, general guidelines which are more or less in agreement. One such which is commonly accepted is as follows: an individual who possesses an average 60 db loss or greater in his better ear across the 500-2,000 Hz range (ISO) may be considered as demonstrating the need for special educational or training programming. There is little difficulty in identifying the normal deaf individual whose loss meets or exceeds these standards. With the retarded, there is a greater need for differential diagnosis to determine that responses or lack of responses are due primarily to hearing lossess and not other CNS pathology and/or behaviorial patterns.

As severity of hearing loss reaches or falls below the above guidelines, must analytical skill is needed on the part of the examiner to determine the functional severity of the loss. Two general considerations are of importance here. The first of these is technical. The typical audiogram specifies only the db loss across a specified Hz range. Etiology of the loss; speech discrimination scores, locus, and many additional technical considerations play a role in determining whether or not the loss may be considered functional.. This cannot be covered further in this paper. Only a qualified audiologist could competently discuss the above considerations. It should be remembered that each case may vary with the individual and would need to be diagnosed individually.

The second consideration is psychological. It may be determined that the individual's loss is such that perhaps with a properly fitted hearing aid, he should be able to function adequately within a total hearing environment . At the time of such diagnosis, however, it may be determined that this individual to date may have functioned as a deaf individual. As an example, at the time of diagnosis, this individual may have spent his school years within a residential school for the deaf and/or may have deaf parents and siblings. His experiential life has been confined to the world of the deaf. Whether the need exists or not for further special programming must take into consideration these factors. Such applies to an even greater degree with the retarded deaf.

The above discussion has attempted to take into consideration basic factors involved in defining the retarded deaf. It is not meant as exhaustive. In defining retardation in the deaf, guidelines similar to those used in defining the non-deaf retarded are supported, with additional consideration being given to psychological and behavioral factors resulting from deafness.

In dealing with the degree of hearing loss as a criteria for inclusion of an individual for special programming, general guidelines were suggested. The need for an analytical approach in determining the individual's functional hearing loss was stressed, including psychological factors and the individual's prior overall background.

Combining the above factors involved in defining the retarded deaf, the absolute need for comprehensive differential diagnosis was shown. An excellent paper discussing this approach is Vernon's "Diagnosis, Retardation, and Deafness", (1970).

HISTORICAL BACKGROUND: PAST AND EXISTING PROGRAMS

Residential Schools for the Deaf

This section is designed to give a brief overview of past and existing programs for the retarded deaf within the United States. It is not meant to be exhaustive. Although such services exist, there has been no research to date on the number, type, or nature of these programs. To research and catalogue the above is a project, the scope of which is beyond the present proposal. The author believes that the overview which follows is reasonably accurate and comprehensive, but realizes that omissions are inevitable. The purpose of this overview is to give a perspective and a base for building upon the proposed program for New York State.

There are two general types of special services for the retarded deaf, characterized by the setting in which they are provided. The first, and undoubtably the oldest, are special classes provided for the multiply-handicapped (and in a few instances, the retarded alone) within residential schools for the deaf. The second are specialized educational and training programs established within state institutions and training programs established within state institutions for the retarded. The latter are relatively recent, few in number, and vary considerably in the scope of services offered. We shall first cover briefly the general nature and limitations of classes for the retarded within residential schools for the Deaf.

Residential schools for the deaf, with few exceptions, are designed to provide educational and training opportunities for the normal deaf up to approximately 21 years of age. The students enrolled, in the majority of cases, possess only one major handicap, deafness. Due to the etiology of deafness, however, a number of such children will exhibit other various behavioral and learning handicaps. Additionally, due to medical advances which enable the victim of a disease to survive (including prenatal diseases and complications), a greater number of deaf children are found to be multiply handicapped. Thus, within nearly all schools for the deaf will be found special classes in which the multiply handicapped deaf child is placed.

Such classes are generally not designed for a specific learning disability. The child with aphasia, retardation, behavioral problems, or the broadly classified "slow learner", are all placed within such a class. The results, in terms of educational achievement, are not optimal.

Most retarded deaf, found within residential schools, may be classified as mildly retarded. Moderately retarded students are occasionally found. Less often one finds a severely retarded student. The profoundly retarded, to this author's knowledge, do not exist within the residential school setting. The total number of retarded deaf within residential schools for the deaf is infinitesimal compared to the estimated total deaf retarded population. The reasons for such are self-evident. The concept of adaptive behavior precludes adequate programming, as the student within such a setting is expected to conform to the normative behavior of the deaf student with normal intelligence.

While New York State schools for the deaf have not set policy to preclude admittance of a retarded deaf child, neither do they have a policy stating the conditions for admitting such a child. It would appear, in short, that the problem has not officially been resolved. Due to the problems of differential diagnosis, mildly retarded deaf children may exist in some number in residential schools, as may a number of moderately retarded deaf students. Should such an individual's measured intelligence and adaptive behavior preclude reasonable educational and behavioral advancement within this setting which would result in his becoming a self-supporting member of society, the probable result would be eventual referral to a state institute for the retarded.

Residential schools, therefore, do provide some services for the mild to moderately retarded deaf. These services are, however, minimal and not designed specifically for the population in question. Andersons, and Stevens (1970) have investigated this problem on a national scale and the reader is referred to their paper for a more exhaustive review of the retarded deaf within residential schools for the deaf.

State Schools for the Retarded

The Directory of Services for the Deaf in the United States (1970) contains listings of both mental health facilities serving the deaf and special classes for the multiply-handicapped deaf. Unless one is individually acquainted with a specified program, there is no way to determine the extent to which the programs and classes service the retarded deaf. The great majority of those which do offer services to the retarded do so incidentally and confine themselves to the upper range of retarded. The author is familiar with the following programs which will be discussed. They are the only programs known to the author which provide specialized and/or comprehensive educational and social programs for the deaf within a state residential setting. Additional programs may be in planning stages (as is the present proposal) or in progress, but are not reported in the literature.

A note should be made here regarding speech and hearing services within institutes for the retarded. A majority of state institutes provide these services. The personnel staffing these units generally confine themselves to providing speech therapy and audiological measurement on an individual or small group basis. In known cases, the therapist, in attempting to work with the retarded deaf, has utilized the simultaneous method (speech, fingerspelling, and manual communication) in attempts to provide actual learning situations. As laudable as the services and individual efforts are, they do not approach the type of comprehensive programming necessary to achieve the results sought in this proposal. Such services, are, however, considered integral parts of a comprehensive program.

Classes for the Retarded Deaf

There are two general, overlapping types of special services for the deaf within state institutes for the retarded. The first consists of specialized teachers within an educational and/or training setting. These individuals are trained in both the areas of deafness and retardation. Classes are conducted during regular school hours, with the curriculum and methods designed to meet the needs of the retarded deaf. These classes are conducted in the simultaneous method. A number of such classes are in operation in various states.

California conducts such classes at Sonama, Porterville, and Pacific State Hospital. There are a limited number of similar classes, not reported in the literature and the extent of their programs unknown.

The benefits of these classes are unquestioned. They provide the residents with educational and habilitative opportunities which would not be open to them otherwise. Thus they have the opportunity to function at their actual potential. It is within such classes that the concept of language, a visible, formal means of expressing thoughts and emotions, may be first opened up to these individuals.

Programming of this type has a number of built-in limitations. One is the number of residents who can be considered for inclusion. The age range is be perforce limited. Important auxiliary services such as psychological evaluation and therapy, if available, are provided by professionals with a limited working knowledge of the deaf and a limited ability to communicate with same. Prevocational, vocational, and placement services are nonexistent. Most importantly, the structured social and residential environment is missing. When the school day is over, the resident is reabsorbed into large wards and the opportunity for continued training and reinforcement is lost.

Comprehensive Programs

Two comprehensive programs for the retarded deaf within state institutes for the retarded are presently in existence. These programs are located at the Austin State School (Texas) and the Lapeer State Home and Training School (Michigan). Both programs will be covered, offering, as they do, structured programs and research findings relevant to the present proposal.

Austin State School Program

The "Redwood Project" at the Austin State School, so-named after the cottage in which the residents of this special program reside, is a reasonably comprehensive program now entering its second year. "Combining elements of communications training, academics, prevocational and vocational/placement services, the "Redwood Project" is geared to serve some forty deaf retarded students ranging in age from 12 to 30 years. The physical structure consists of two academic classrooms, a residential unit for eighteen young men and related institutional training stations and program areas suitable to the project needs. The residential living unit program emphasizes the development of independent living skills with the ultimate goal of preparing the participants for community placement in either half-way house or home placement programs." (Hall and Talkington, 1970).

The methods and procedures by which residents were selected for this program are not reported. Presumably they were drawn from the existing resident population. Determinations were made as to present level of functioning and what would be needed for eventual return to the community.

Project residents were evaluated at multi-disciplinary staffings where their needs were weighed against the program services available and an individual program developed for each resident. The actual program aspects were covered in three phases, each emphasizing various priorities for the development of fourteen progressive skill areas (Talkington, 1970).

In Phase I, emphasis was placed on acquiring manual communication skills by both the residents and staff. A book, *A Manual Communication System for the Deaf Retarded* (1970) was developed and published. Pre-academic and concept formation training was emphasized. Regular auditory training was a part of this phase. Social responsibilities in the cottage area was stressed.

In Phase II, academic skills of reading, writing, and arithmetic were pursued in greater depth. Prevocational and self-care skills were taught. General grooming habits and continued social responsibility were stressed. Supervision was gradually lessened.

In Phase III, the main emphasis was on vocational training and preparation for returning to the community. Various aspects of the first two phases were continued.

Staffing for this program at the beginning included a director, a teacher, two part-time aids, and six attendants in the cottage. Professional supportive services were called upon as needed.

The above is a brief overview of the purposes and structure of the "Redwood Project". The program is new and is expected to grow. In-depth data analysis of the results has not yet been completed. Two immediate results, however, have been observed. The most important is the increased ability of the residents to utilize language. Communication, through manual communication, has increased greatly. Secondly, deviant behavior problems including stealing, runaways, and acting out have decreased significantly.

Lapeer State School Program

The program at Lapeer began as a four-year project to study habilitation of the deaf retarded. This project was supported in part by Vocational Rehabilitation Grant RD800 S. The Lapeer project was the most thorough, comprehensive study of the deaf retarded attempted to date. The study population consisted of 169 residents, ranging in age from ten to forty. Length of hospitalization ranged from six months to nearly thirty years.

The project was divided into two main phases: the Assessment phase and the academic and vocational training phase. The following overview of this program will be brief in relation to the data and activities resulting from the program itself. A selected number of exhibits and tables will be referred to, and it is to these exhibits and tables to which the reader should turn for an understanding of the characteristics of the population and the results of the program.

The overall goals of this program may be stated as follows:

1. Provide definitive diagnostic measurements for that group of institutionalized patients who were previously characterized as mentally retarded and deaf or hard-of-hearing.
2. Provide the information essential to the planning of

a training program which would include considerations of vocational rehabilitation.

3. Provide measurable results of those training techniques and procedures most productive with specifiable groups of patients.

The assessment phase evaluated the physical, psychological and educational characteristics of the population. This was necessary in order to develop an appropriate training program. However, this task was enormously complicated by two factors: 1) the lack of language and communication skills by a large part of the population, and 2) a paucity of valid methods of assessing their abilities and capacities. Existing tests and techniques were not designed or normed for this population and their validity was therefore in doubt. It was necessary, therefore, to develop a number of instruments to accomplish stated objectives.

The following exhibits and tables are presented due to their relevance to, and possible utilization in, the proposed program for New York State. Exhibit 1 presents the Medical-Physical Examination used in screening this population. Exhibits 2, 3, and 4 are examples of the psychological and psychiatric scales developed to measure behavioral and social adjustment.

Table 1 presents the characteristics of this population while Table 2 gives the measured academic achievement. Table 3 lists the number of physical disabilities in addition to presumed mental deficiency and deafness.

Tables 4 through 8 give comprehensive data on hearing and speech characteristics. Tables 9 and 10 present intelligence data by age and sex.

Correlation data based on IQ and audiologic data and between other diagnostic measures are presented in Tables 11 and 12.

The considerable amount of data generated from the Assessment phase provided a means for selecting groups of patients from the total sample for intensive academic and vocational training.

Following the Assessment phase, the actual training program was initiated. Space does not permit an adequate description of this program. The reader is referred to the report Programming Habilitation of the Hospitalized Deaf-Retarded (1965). However, the basic framework of this program will be described.

The program, in operation, consisted of four academic classes and a prevocational training class. Males were housed in a separate cottage with appropriately trained attendants. Females, due to the smaller number, were housed in various buildings. The specialized training and supportive services, therefore, extended into all aspects of the residents' life.

A full-time clinical psychologist, experienced in working with the deaf and the retarded, provided on-going psychological evaluation, psychotherapy, and assisted in the general administration of the program. A full-time speech therapist provided auditory training and speech therapy. A work-training teacher provided prevocational instruction. All four academic teachers were experienced in working with the deaf. Attendants and nurses received on-going in-service training in working with this population. Other professionals were consulted as the need arose.

Three general types of work placement were effected during the program. These were: 1) sheltered workshop (Goodwill Industries), 2) institutional work, and 3) outside work placement. The data collected indicated that the deaf retarded patient, with training appropriate to his basic abilities, is capable of functioning in one of these three areas. Table 13 presents data on intellectual functioning and aptitude as they relate to eventual placement in one of these programs. Objective data and observations reported by the staff indicate clearly the positive effects of the program on the overall achievement and performance of the subjects involved. The reader is referred to the full report cited earlier for supporting data for this statement.

One serious omission in the structure of the program was the absence of a facility, a half-way house, which would serve as a residence outside of the institution and ease the transition from institute to community living. A number of residents, who otherwise would have qualified for sheltered workshop or community placement, were denied this opportunity due to their special social requirements and the lack of such a facility. A model for such a half-way house exists in Austin, Texas and will be discussed in the section following the proposal proper.

The Lapeer program demonstrated without question the feasibility of specialized, comprehensive programs for the retarded deaf. The intangible human benefits can be measured only in small part by changes in performance and work placement. The economic benefits to the state in terms of resident discharge versus life-time custodial care have been documented. The experience gathered and the data made available from the operation of the foregoing special classes and programs will serve as a base for developing and presenting the proposal for a comprehensive program for New York State.

THE COMMISSION STUDY IN NEW YORK STATE

The present proposal grew out of a study undertaken by the New York State Temporary Commission to Study problems of the Deaf. The Commission is charged with investigating areas of concern to the deaf and hard-of-hearing within New York State. In the spring of 1970, the Commission directed its attention to the question of what services were available to the retarded deaf population. As the total institutionalized retarded population was in the area of 29,000, the magnitude of the question and the lack of accessible, accurate information was of considerable concern to the Commission.

During the summer of 1970, the services of a consultant were retained on an open-end basis to survey the problem, develop feasible techniques for obtaining statistically accurate data, obtain such data, and, should the need for such be determined, prepare a proposal for establishing program(s) for the retarded deaf for consideration by the appropriate agencies and interested parties.

It was first determined that, within the 15 state schools for the retarded, there were no existing special programs for the retarded deaf. This statement excludes speech and hearing services and religious instruction of the deaf by clergy whose pastoral calling is in working with the deaf. Considerable consideration was then given to the most optimum procedures for proceeding with the study. In an Interim Report prepared for the Commission following the actual data collection, the rationale for the procedure followed was explained. As a number of factors which influenced the course of the study have been discussed in detail in prior sections of this report, i. e., audiological assessment techniques, differential diagnosis, and lack of funding for a prolonged, extensive exploratory study, the present section will confine itself to covering the rationale only briefly.

It was determined that there were no existing programs which were adequately serving what was suspected to be a fairly large population, either within schools for the retarded or schools for the deaf. The Commission was fortunate in having knowledge of programs for this population which existed in other states and therefore had some understanding of the structure such a program should take and justification for assuming both the presence of such a population within New York and the lack of program(s) to service the population.

Accepting the nonexistence of specialized programs, the basic problem confronting the Commission was to obtain a representative sampling of the total institutionalized retarded population and determine, in whatever manner decided upon, the percentage of this population which possessed functional hearing losses, as defined earlier in this report. The criteria for the data which would determine the above would need to be such that various agencies and disciplines would be in general agreement as to the validity of an approximate percentage. If the minimum estimate of the retarded deaf population was deemed sufficient to warrant special programming, a proposal would be prepared accordingly.

On the surface, the most optimum procedure and methodology for determining the above would be to conduct an audiometric assessment of a representative sample of the population. For reasons discussed earlier in this report, such a procedure was not feasible. Firstly, the money, time and manpower were not available. Secondly, the technical problems involved in audiometric assessment of large numbers of retarded are formidable and not always reliable. Thirdly, to provide absolutely reliable data which would identify the retarded deaf, differential diagnosis based on phychological examination would be needed. It was decided, therefore, to adopt a behavioristic approach which would involve direct contact and clinical observation of the population in question. This will be further detailed later in this section.

The Population

It was decided to limit the present study to institutionalized retardates between the ages of 6-30 who were considered trainable or educable. These parameters were arbitrarily chosen, but were based on the following reasoning: (1) the 6-30 age group is an optimum one for training and educational purposes; (2) identification of the deaf retarded below the ages of six is more difficult and subject to greater error; (3) inclusion of patients over 30 years of age would mean inclusion of a larger number of patients whose hearing loss is associated with age per se and would result in an inflated estimate of patients who could be expected to profit from special programming.

The choice of trainable and educable categories is self evident. Patients functioning below this level could not be expected to profit from a special program for the retarded deaf. As it is, the term "trainable" is a general term, not medically descriptive. It allowed considerable lasitude as to which patients should be included. This was an important consideration in dealing with the deaf retarded. In this study, an attendant might include a patient whom he considered trainable; the patient's folder might indicate, however, that measured IQ was below 20. Due to possible errors in measurement, such patients are included in this report.

Two schools were selected as representative samples for this program, the Rome State School and the Newark State School. Both were selected for their sizable population and the expectation that the sizes of their populations would enable surveys to be completed within specified time limits. Additionally, the Rome State School possesses extensive professional services and the consultant had had prior contact in evaluating the deaf retarded at the request of the school. It had been planned to add additional schools had the statistical need shown itself. It did not prove necessary and this survey, therefore, represents the trainable and educable populations of these two schools. The population of the Rome State School at the time of this survey was approximately 3,800 patients. Of this number, it was estimated that 950 were trainable or educable and between the ages of 6 and 30. The population of Newark State School was 2,326. Of this number, 626 were between the ages of 6-30 and were considered trainable or educable.

Procedure

The behavioral approach to obtaining the data in question was simple in concept. Basically, the method was to identify all patients falling within the age and intelligence (adaptability) criteria. Following this, direct contact was to be made with attendants, teachers, nurses and other professional personnel and question them as to patients they felt should be listed as deaf retarded, as defined earlier in this report. Concurrently, each patient whose name was offered was met individually and clinically observed. A standardized form was developed to record all pertinent data. A sample of this form is given in Exhibit 5.

When all direct interviews and observations were completed, the resulting data were analyzed. With this information, the institute folders of each resident listed as retarded deaf were reviewed to obtain additional objective data relating to measured hearing loss, medical classification, program, and the like. The resulting data were again analyzed and combined with pertinent comments from the folders and personal observation. The results of these findings are discussed below.

Results

The statistical results of the study may be found in Tables 14 and 15. Table 14 presents data on the Rome State School. The number of trainable and educable residents between the ages of 6-30 is estimated as 950 out of a total population of approximately 3,800 residents. The administration was asked, prior to the survey, to estimate the number of trainable and educable deaf retarded regardless of age. The number given was 356. The survey found, that out of the total 950 trainable and educable residents bewteen ages 6-30, that 64 met the criteria of being deaf-retarded. This represents 7% of the population in question.

Table 15 presents data on the Newark State School. Out of a total population of 2,326, it was estimated that 626 residents were trainable or educable and between the ages of 6-30. Out of this number, 46 met the criteria of functional hearing loss. This represents 7% of the population in question.

The IQ range of the deaf retarded between ages 6-30 at the Rome School was minus 20 through 85. At Newark, this range was minus 20 through 81.

Exhibits 6 and 7 present detailed data on each of the residents listed in this survey as being deaf retarded, trainable or educable, and between the ages of 6-30. The residents are coded and their names can be made available on request to the proper authorities. The data included in these exhibits is self explanatory.

Discussion

A notable omission in the above two exhibits is audiological data dealing with type and degree of measured hearing loss. In almost all cases, such data was not available in the resident folders. In discussing this with the personnel involved, it does not seem that such testing has been carried out.

The results of the surveys at the Rome and Newark State Schools are identical. Out of the trainable and educable ages 6-30 population, 7% were found to meet the criteria as deaf retarded. These findings must take into consideration the fact that objective audiological assessment is lacking. But, from the data presented, the weight of evidence leads one to the reasonable conclusion that the figures reported are a reasonable accurate, minimum estimate of the deaf retarded population. Should the age range of the population studied be expanded, the percentage could be expected to increase slightly. The primary purpose of the Commission study was to obtain a minimum estimate of the number of institutionalized deaf retarded who were considered trainable and educable. A breakdown of the total number of trainable and educable retarded, ages 6-30, is not available to the author at the time of writing. However, projecting the 7% figure to the total retarded population in New York State of 25,765, without regard to age or intelligence, one obtains 1,803 as the number of retarded deaf.

During the period in which the survey was being undertaken, data was obtained from the State Department of Mental Hygiene relative to a resident survey of all 15 state schools. The portion of this study which is of interest to us concerns questions relative to the hearing status of the residents. Attendants were requested to report simply whether a particular resident had normal hearing, was hard-of-hearing, or was totally deaf. Table 16 presents the results of this question. The percentage of residents who were classified as hard-of-hearing was 5.5 and those classified as totally deaf was 1.6. The combined total was 7.1, which corresponds to the findings of the Commission survey. As a result of the combined findings of the Commission and State surveys, it was felt that the data were sufficient to indicate a real need for specific and specialized programs for the retarded deaf population.

As a further comment on the above data and the statement to the effect that the 7% figure is considered a minimum estimate, Tables 17 and 18 present the results of a survey conducted at two Maryland State Hospitals for the Retarded (Vernon, 1970). The results of these surveys indicated that 14.5 percent of the population possessed hearing losses, ranging from mild to total deafness.

The behavioral approach, as a reasonably swift method for obtaining an approximate estimate of the number of retarded deaf within a given total retarded population, appears to have some validity, based on the results of the present study. The number of retarded deaf identified and estimated by the present survey appears to be of a sufficient figure to justify special educational and training programs to meet their needs. Accordingly, the following section will present a proposal for establishing a pilot program.

PROPOSAL FOR A NEW YORK STATE PROGRAM

The sections preceding what is to be proposed contain the basic rationale and demonstrate the need. Information and data were presented which can serve as general guidelines in developing a program for the retarded deaf within New York State. The following proposal does not represent the recommendations of a consensus of professionals, but of the author of this paper. It is, however, based upon the success of existing programs and supports the thinking and philosophy of professionals engaged and/or acknowledgable in the area of the retarded deaf. It should, therefore, be considered a tentative proposal, presented for discussion and review by the agencies involved in its possible implementation, by superintendents of state schools for the deaf, and by professionals acknowledgable in the field.

In accepting the need for specialized programming for the retarded deaf where none now exists, the first question to consider, assuming a comprehensive program, is the setting in which the specified objectives may best be accomplished. Three possibilities exist: (1) comprehensive program(s) within residential schools for the deaf; (2) comprehensive program(s) within existing state schools for the retarded; (3) a free-standing school, independent of (1) and (2) above, but nevertheless under the supervision of a state agency or agencies.

It is felt that a free-standing school or institute would theoretically best meet the needs of the deaf retarded population. If such were to be established, however, it would evolve out of experience with a smaller, although not necessarily less comprehensive, program.

The State Education Department has discussed the possibility of establishing a separate unit for the multiply-handicapped deaf at the Rome State School for the Deaf. Such a unit would not be designed specifically for the retarded and would most likely limit admittance to the mildly retarded. It is felt, therefore, that at the present time, that comprehensive programming for the retarded deaf can be best established and carried out within the structure of an existing state school for the retarded.

It is therefore proposed that the State Department of Mental Hygiene officially adopt a position on the need for comprehensive programming for the institutionalized retarded deaf and that sufficient staff be assigned to investigate and make recommendations on the most optimum ways and means in which such programming may be instituted within the structure of an existing state institute for the retarded.

The sections which follow offer for consideration suggested structures, concepts, and parameters for a comprehensive program. They are neither rigid nor exhaustive and are meant to serve as general guidelines.

The Population

The exact nature of the population to be included in this projected program would vary according to a number of factors. Assuming that appropriate facilities could be obtained, the following parameters are suggested for the original, or pilot, group.

Size of Program

The number of residents to be included should range from 75-100 for the pilot group. This could be enlarged on as the program developed, but is recommended at this point for the following reasons: 1) In-service training would be needed for most staff involved at the beginning; the larger the resident group, the larger the staff needs. Beyond a certain number, in-service training would become cumbersome and affect the progress of the program itself. 2) The program, being new, would undergo modification during its first year or so. Such can more readily be accomplished with a group of the above size. 3) It is recommended that the original group be limited in age range and IQ. The more adaptable residents should be included first. The limited number meeting the original criteria would by necessity restrict the number available for inclusion. In relation to this, consideration should be given to retarded students enrolled in state schools for the deaf whose superintendents felt could benefit by inclusion in this program.

Age Range

Residents to be included in the educational and training aspects of the program should range from six to approximately 40 years of age. It is not felt that an arbitrary cut-off point for schooling should be established. However, it is expected that the older residents would be more involved in work training and placement than in an academic setting.

Sex

Hopefully, it would be possible to arrange comprehensive programming for both males and females. It is known that the number of deaf retarded females is lower than deaf retarded males. Should the population pool which would be drawn on prove sufficiently large, this objective should be kept in mind and a balance achieved. The primary objective here is to have a sufficiently large enough number of both males and females so that separate, self-contained residences could be established.

Intelligence - Adaptability Level

The range of intelligence proposed for the original program is difficult to postulate due to factors which were discussed earlier. Measured intelligence, prior to thorough evaluation and training, may or may not be indicative of the actual level of functioning. Obtaining such measures presupposes the use of appropriate nonverbal instruments administered by personnel with prior training with the deaf retarded. Differential diagnosis should be the procedure by which the residents' level of functioning and adaptive behavior is determined for inclusion.

For the original program, it is deemed desirable to select those residents who possess the highest actual and/or potential intelligence and the highest level of adaptive or coping behavior. This level would be extended downward as necessary to obtain the desired number of residents. It is not possible, therefore, to determine in advance the actual IQ-adaptability level of the residents who would comprise the original group. There would, based on the experience of prior programs, most likely be three or four general levels of functioning involved. As selection reached the lower levels of functioning, the process should retain a degree of flexibility. There would be basic criteria, however, below which a resident would be excluded (for the original group). Basic self care habits (the degree dependent on age) would be necessary.

Criteria would need to be developed for both evaluating and selecting residents who possessed additional multiple handicaps and demonstrated emotional disorders. Generally, the staff structure and services should be such that only the most extreme and/or handicapping conditions would warrant exclusion.

Site Choice

The author is not familiar with the size, structure, and facilities of all 15 state schools for the retarded. Of those with which the author is familiar, the Rome State School appears to be the most ideally suited for development of this program. The administration of the RSS has expressed an interest in developing programs for the retarded deaf for some time. They were most helpful in the development of the present proposal. Present facilities, projected development of future facilities, and their concept of programming for specialized groups lends itself favorably to a program of this type. Supportive professional services are comprehensive. The Rome State School for the Deaf is located in close proximity and may be able to provide certain professional services and could serve as an incentive in attracting professional staff to this area. Should the proposed program draw upon the deaf retarded population in existing state schools, the centralized location of the Rome State School is well suited to this purpose.

Assessment

Techniques and measures of assessment have been covered earlier in this report. Examples of specialized rating scales for the population are contained in the Appendix. A few general comments are in order.

Measures of intelligence, academic achievement, and personality should be obtained. Medical and audiological evaluation should be completed. Care should be exercised, however, not to prolong the assessment phase or attempt to obtain data superfluous to the actual implementation of the program. Assessment and evaluation are continuous processes and can and should be refined upon throughout the course of the program and not prior to its actual implementation. We will not attempt to list or cover the actual instruments and methods to achieve this Such has partially been discussed and listed previously. The approach to assessment should be multidisciplinary, involving consultants from both the fields of deafness and retardation and from the disciplines of medicine, psychology, education, and vocational training.

General Program Structure

The discussion which follows covers the major components of the proposed program which are considered essential to its optimum success. They are covered briefly and broadly and the objective is to show how each is essential and fits into the total program.

Classes

The education (i. e., pre-vocational) program should focus on training in communication, reading, arithmetic, and shop or homemaking skills. With younger and/or lower functioning residents, the thrust would be in acquiring very basic concepts, language skills, and the development of improved personal care skills. At this level and, to a lesser degree, at higher levels, such must be taught through the manipulation of material objects and through a program of behavioral reinforcement. Classes should be as homogenous as possible. Teachers should not rotate, but should teach one level of class(es). Prior experience with the retarded deaf has indicated that maximum class size should not exceed eight to ten students.

Residence Living

Absolutely essential to the success of the program are separate, "self contained" residences for both males and females. This would result in placing together residents varying considerably in age, adaptability, and emotional stability. It is realized that such may not be viewed as the most optimum programming. The advantages inherent in this, however, by far outweigh any disadvantages. Domiciled in such a setting with trained attendants, the interaction and programs possible which would enrich the impact of education and other services greatly increase the growth and social development of the residents. It enables the existence of an entire living experience which can reinforce their socialization and communication skills. In implementing the proposed program, the above must be allowed for and arranged.

Counseling-evaluation-psychotherapy

These services are essential to both the direction of the program and the welfare of the residents. The Lapeer program demonstrated this need from the development of the assessment phase through the actual operation of the program. The residents involved profited from the counseling, play therapy, and individual and group therapy provided. In-service training of both professional staff and attendants was provided by the psychologist involved. The nature of the program, with its requirements for behavior modification, knowledge of the psychology of deafness, and understanding of the medical and psychological aspects of retardation require that services in this area be given primary consideration.

Vocational Training and Placement

The ultimate objectives of the proposed program are either the return of the individual to the community, in terms of sheltered placement or independent living, or optimum adjustment and utilization of skills within the institute. In either case, successful attainment of these goals results in a decreased financial burden to the state and, far more importantly, to humanization and the attainment of a degree of human dignity by the individual.

Outside of academic and basic shop courses available to the residents, a work-training program should be considered integral. This program would have two major objectives: 1) it would provide the needed training in basic work habits and skills and it would offer, within the institute, actual work for pay made available by outside industry on a piece-meal basis. Ultimately, two types of residents would be involved in this program: those who were acquiring skills and might return to the community, and those who could perform the functions involved but must remain within the residential setting.

Work Placement

Those residents who attain the necessary skills and levels of adaptability may be expected to enter into one of four types of work placement. These are: 1) institutional work assignments; 2) sheltered workshops outside the institute with either residential or half-way house living following working hours; 3) general community work placement with residence in a half-way house, and 4) complete, independent community placement.

A program such as the one proposed may combine all of the above suggested components, yet, if it fails to provide for a transitation between the institute and the community, it is doomed to limited success. With the retarded deaf and the resulting communication and experiential barriers, this is especially true. For the success of this program, there is an absolute need for the establishment of a "Half-way" house within the community. In the development of this proposed program, consideration should be given to the ways and means by which this could be accomplished. Such a home need not be a part of the program per se, but could be established by other agencies and independent, volunteer organizations. The Vaughn House in Austin, Texas is the only known such facility for the retarded deaf. It should serve as a model.

Such is the proposed general structure of the program Staff needs have not been detailed specifically, but should be apparent from a reading of the whole report. They would depend on the actual program agreed upon, but will be outlined briefly. The minimal staff for a project of this scope should include a director with the prerequisite broad background, preferably in psychology and experienced with the deaf and retarded; special education teachers experienced with the deaf and preferably with the retarded; a speech and hearing therapist; a work training and placement specialist for both the institute workshop and community placement; a psychologist to conduct evaluation and therapy; personnel to staff a half-way house; necessary attendants to staff residence halls; and additional staff as proves necessary. Medical, psychiatric, and other services within the institute would be called upon as needed.

It seems well to end this proposal with several general observations made by the staff of the Lapeer project at the completion of the formal study.

General Observations

(1) It is well to formulate a program of this kind precisely in terms of its particular goals in direct relation to the types of patients to be included. Following this, the limiting conditions under which these goals can be achieved should be carefully studied and it should be determined which of these exist or can be established in the institution setting. When a realistic compromise between required and available conditions has been achieved and goals redefined in terms of this compromise, the actual mechanisms for goal achievement with the patients can be specified. The larger this list of mechanisms, the greater the likelihood of program success because not only the setting but also experience with the patients will dictate changes in particular mechanisms initially selected.

(2) Specialists who serve as consultants are useful extensions of a project staff but the staff, not the consultants, should determine the program goals and this delineation of function should be made both explicit and specific. Staff must evaluate consultants' suggestions in the context of the total institution program as well as the particular program. While this appears to be a gratuitous statement, in practice, in part because of problems of obtaining full-time staff, it is remarkably easy to

let the planning fall into the province of the "experts" with a consequent loss of direction at the program level.

(3) Careful study of legal requirements related to job placement and payment for service should accompany program planning since they directly influence the conditions under which vocational training and placement can be carried out In fact, failure to resolve these seemingly minor problems in advance can defeat the ultimate purpose of the program.

(4) Advance reading of the literature and employment of knowledgeable staff with experience not only in the substantive area of the deaf and retarded but also in institutional settings are all obvious but sometimes ignored rules.

(5) Use of sign language is very important to the success of a program and at least those persons who are to conduct the formal education including the communication training should have this ability. Other staff members working with the patients should be taught signing at the outset.

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B. Status of Multiply Handicapped Deaf

Last year as a result of meetings with Drs. John Rainer and McCay Vernon, the Commission decided to undertake a survey to assess the number of deaf children in New York State who are in need of mental health services. It was felt that such a survey could best be accomplished by writing to the superintendents and heads of residential and day programs for deaf children and ask them:

1). to indicate the number of deaf children they were forced to drop from school during the last six years and why they had to be dropped, and

2). to indicate the number of deaf children who were refused admission and the reasons for refusing them admission.

By obtaining these statistics and by reviewing the reasons for dismissal and non-admittance (i. e. mental illness, mental retardation, etc.) the Commission hoped to acquire a good estimate of the number of deaf children in New York State in need of mental health services.

With this goal in mind, the Commission staff sent a questionnaire (see Appendix I) to all schools and classes for the deaf in New York State. The mailing list was taken from the 1970 American Annals of the Deaf and consisted of 60 schools and classes after duplicate entries had been eliminated. For various reasons, the Commission used 38 schools and classes as its base number of individual programs for this survey instead of 60. Some schools indicated that they did not have classes for the deaf, others that most of their students were from other states, and others that they received more than one letter for services offered under one central administration.

Of the 38 replies received, there were 26 schools and classes offering programs for the deaf which could provide the requested information. The remaining 12 schools could not give the requested data for several reasons (they did not have the breakdown requested, the programs were no longer in existence, or they forwarded incomplete or irrelevant information).

Of the 26 complete replies received, 19 were day programs only and 7 were both residential and day programs; there were no residential programs only. Twenty programs had been in operation for six years or more and six had been in operation less than 6 years. Most of the six programs in operation less than 6 years reported that they had neither denied admission nor dismissed any deaf children for any reason.

The major results of the survey can be seen in the following table:

Period July 1, 1964 to June 30, 1970	FOR REASONS OF MENTAL HEALTH	
	Dropped or Dismissed	Admission Denied
Total	number 110	Number 111
REASONS: Number Indicated-		
Mentally Retarded	47	49
Mentally Ill	8	7
Emotionally Disturbed	37	40
Other Mentally Handicapped	18	15

As indicated above 110 deaf children were dismissed and 111 deaf children were denied admission to special programs during the six year period

July 1, 1964 to June 30, 1970. The primary reasons for dismissal and denied admission were mental retardation and emotional disturbances -96, and 77 children turned away respectively.

Although this questionnaire survey does give some idea as to the number of children denied admission or dismissed for reasons of mental health, the Commission does not feel that it produced accurate figures for the State for the last six year period. Many programs did not have adequate records, personnel or incentive to provide the requested statistics. The figures were enough, however, to indicate that there are not enough resources and services available to the multiply handicapped deaf in this State.

On the basis of this survey, the Commission has decided to pursue this area further next year. The staff has recommended that next year a personal visit to each of the programs surveyed this year be made and that sufficient time be spent in each facility to gather accurate statistics. When such statistics have been secured, the Commission will be able to make the appropriate recommendations for expanding current programs or for establishing new services for the multiply handicapped deaf.

Chapter III

CARE FOR THE AGED DEAF

A major handicap in our aged population, deafness and hearing loss all too often accompanies and intensifies with our growth in age. Deafness and hearing loss in later life further compounds the problems the elderly must fact creating special problems and special needs. Predictably, these problems and needs increase as the number of our aged population increases making the demand greater for consideration of the problem. Until recently the problems of the aged deaf received little attention although the Commission and other agencies have long recognized the need for establishment of programs that in the minimum would be designed to at least partially overcome the impact of hearing loss in the aged person.

The topic appears to be receiving the consideration it deserves. The Deafness Research and Training Center has undertaken major efforts to convene a nationwide conference on services for aged deaf persons. Participants in the conference will identify the problems, publish findings and recommend implementation of the recommendations. The Commission will be represented at the conference to be held in June, 1971.

The conference intends to identify what services are needed, the approximate number of persons needing services, review current legislation relevant to the problem, publish findings and recommend a course of action.

The New York Society for the Deaf has sponsored the construction of TANYA TOWERS as a low-rent residential development for the elderly deaf. This residential/social center located in New York City will serve many aged deaf by granting them comfort, dignity and peer contact.

The above examples of concern and action in approaching the problems of the aged deaf bear witness to the urgency of the problem of providing adequately for aged deaf persons. The Commission fully supported these and similar endeavors and urges continual state support for such efforts.

The Commission's temporary nature has made initiation of significant and comprehensive programs for the aged deaf beyond its scope. While it continues to study the problems of the aged deaf it has thus far only fulfilled a supportive role. Work has continued, however, on the establishment of a meaningful survey on the number of persons in New York State requiring special services which will be the basis for future recommendations on the statewide needs. It is hoped that the Commission will be able to devote more time to this area of study next year.

Chapter IV

RECOMMENDATIONS

1971 Recommendations

Much of the Commission's effort this year was concentrated on the development of appropriate legislation for the deaf and hearing impaired and on the problems of the multiply handicapped deaf, in particular, the mentally retarded deaf.

Throughout this report various recommendations and courses of action have been suggested. It seems appropriate and expedient at this time to summarize these recommendations for 1970-71.

1). The Commission this year is re-submitting legislation to license hearing aid dealers and fitters in New York State. This legislation was redrafted after reasons for its being vetoed last year were explored and reconciled. The Commission recommends that this legislation be adopted to provide the consumers with grievance recourse and to improve the quality of hearing aid dealers and fitters in New York State.

2). The need to license audiologists and speech pathologists was explored by the Commission this year upon the request of the Board of Regents. The Commission recommends that its bill to license audiologists and speech pathologists be adopted to upgrade the quality of such persons practicing in New York State.

3). Again this year the Commission has introduced legislation to provide educational services for deaf and hearing impaired children resident in the State below the age of three years. The Commission again recommends passage of this bill which will expand the availability of pre nursery programs for all deaf and hearing impaired children below three years of age.

4). This year the Commission has introduced legislation which would create a Permanent State Commission for the Deaf and Hearing Impaired. This legislation will provide for a Permanent Commission to co-ordinate all services and programs for the deaf in the State, thus making for more efficient use of existing State resources. The Commission recommends the adoption of this measure.

5). A great deal of time was spent taking a survey of the number of mentally retarded deaf residing in New York State institutions operated by the Department of Mental Hygiene. The survey resulted in a proposal that a pilot program for the mentally retarded deaf be established at the Rome State School for the Mentally Retarded. The Commission places top priority on establishing such a program in Rome with the cooperation of the Department of Mental Hygiene and other involved agencies and persons.

6). A survey of the number of multiply handicapped deaf children in the State in need of mental health services was undertaken by the Commission. The results of the survey showed a definite need for such services but it is doubtful that a true estimate of the number of these children was obtained by this sampling procedure. The Commission will designate a high priority to conducting a more accurate study to determine the number of these children in the State and make the appropriate recommendations for providing mental health services to them.

7). The problems of the aged deaf have suffered for want of time, not of interest. The Commission plans to participate in the conference on aged deaf persons sponsored by the Deafness Research and Training Center this year. From this conference and from New York City's experience with the Tanya Towers project, the Commission plans to generate specific areas for research regarding aged deaf persons next year. Cooperation with the Office of the Aging is also anticipated.

As evidenced by these recommendations and proposed courses of action, it is apparent that the Commission has been busy and plans to have another busy and rewarding year ahead. The Commission plans to maintain its policy of meeting in various parts of the State at places of interest to the Commission. This policy this year gave the Commission great insight into many problems of which it had been unaware and brought the Commission into verbal contact with many deaf persons and persons interested in programs for the deaf. Such communication was beneficial and the Commission plans to extend this policy in the coming year.

The Commission welcomes all suggestions or criticisms of the deaf community and invites them to attend all Commission meetings.

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APPENDIX A

Act Which Established Commission

STATE OF NEW YORK

S. 436—D **Intro. A. 1207**

3rd Rdg. 160 **Print A. 1207, 2670, 4178, 6676, 6854**

SENATE — ASSEMBLY

(Prefiled)

January 4, 1967

IN SENATE—Introduced by Messrs. BRYDGES, HUGHES, GORDON, CONKLIN—read twice and ordered printed, and when printed to be committed to the Committee on Finance—committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee—reported favorably from said committee and committed to the Committee of the Whole, Committee of the Whole discharged, bill amended, ordered reprinted and recommitted to said Committee of the Whole—reported favorably from said committee, committed to the Committee of the Whole, ordered to a third reading, passed by Senate and Assembly and delivered to Governor, recalled from Governor, vote reconsidered, restored to third reading, amended and ordered reprinted retaining its place in the order of third reading—amended and ordered reprinted, retaining its place in the order of third reading

IN ASSEMBLY—Introduced by Messrs. CEROSKY and TERRY—read once and referred to the Committee on Ways and Means—committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee—committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee—committee discharged, bill amended, ordered reprinted as amended and committed to Committee on Rules—again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

AN ACT

To amend chapter six hundred eighty-three of the laws of nineteen hundred sixty-six, entitled "An act creating a temporary state commission to study and investigate the problems of the deaf and making an appropriation for its expenses," in relation to increasing the membership of such temporary state commission and to continuing its existence until March thirty-first, nineteen hundred sixty-eight, and making an appropriation for its expenses

EXPLANATION — Matter in *italics* is new; matter in brackets [ ] is old law to be omitted.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Sections two and six of chapter six hundred eighty-three of the laws of nineteen hundred sixty-six, entitled "An act creating a temporary state commission to study and investigate the problems of the deaf and making an appropriation for its expenses," are hereby amended to read, respectively, as follows:

§ 2. Such commission shall consist of **[**three senators, to be appointed by the temporary president of the Senate, three members of the Assembly, to be appointed by the Speaker of the Assembly, and five persons**]** *fourteen members to be appointed as follows: four members to be appointed by the Temporary President of the Senate, of which number three shall be senators; four members to be appointed by the Speaker of the Assembly, of which number three shall be assemblymen; and six members* to be appointed by the Governor two of whom shall be deaf persons to be appointed from a list of not less than fifteen names to be submitted to the Governor by the Empire State Association of the Deaf, Inc. Vacancies occurring from any cause in the appointive membership of the commission shall be filled by the officer authorized to make the original appointments. The commission shall organize by the selection from its members of a chairman and a vice-chairman.

§ 6. The commission shall make a report of its findings and recommendations covering needs, plans and programs to the Governor and the Legislature on or before **[**February first**]** *March thirty-first,* nineteen hundred **[**sixty-seven**]** *sixty-eight.*

§ 2. The sum of fifteen thousand dollars ($15,000), or so much thereof as may be necessary, is hereby appropriated to the commission hereby continued and made immediately available for its expenses, including personal service, in carrying out the provisions of this act. Such moneys shall be made payable out of the state treasury after audit by and on the warrant of the comptroller upon vouchers certified or approved by the chairman or vice-chairman of the commission as prescribed by law.

§ 3. This act shall take effect immediately.

APPENDIX B

Act to Extend Commission through 1972

STATE OF NEW YORK

IN ASSEMBLY

MARCH 23, 1971

Introduced by RULES COMMITTEE (request of V. S. Carroll) and Eugene Levy

AN ACT

To amend chapter six hundred eighty-three of the laws of nineteen hundred sixty-six, entitled "An act creating a temporary state commission to study and investigate the problems of the deaf and making an appropriation for its expenses," in relation to continuing its existence until March thirty-first, nineteen hundred seventy-two and making an appropriation for its expenses

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section six of chapter six hundred eighty-three of the laws of nineteen hundred sixty-six, entitled "An act creating a temporary state commission to study and investigate the problems of the deaf and making an appropriation for its expenses," as last amended by chapter seven hundred ten of the laws of nineteen hundred sixty-nine, is hereby amended to read as follows:

EXPLANATION — Matter in *italics* is new; matter in brackets [ ] is old law to be omitted.

§ 6. The commission shall make a report of its findings and recommendations covering needs, plans and programs to the Governor and the Legislature on or before March thirty-first, nineteen hundred [sixty-nine] *seventy-one.*

§ 2. The sum of seventy-five thousand dollars ($75,000), or so much thereof as may be necessary, is hereby appropriated to the commission hereby continued and made immediately available for its expenses, including personal service, in carrying out the provisions of this act. Such moneys shall be made payable out of the state treasury after audit by and on the warrant of the comptroller upon vouchers certified or approved by the chairman or vice-chairman of the commission as prescribed by law.

§ 3. This act shall take effect immediately.

APPENDIX C

Minutes of Commission Meetings

TEMPORARY STATE COMMISSION TO

STUDY THE PROBLEMS OF THE DEAF

The twenty-second meeting of the Temporary State Commission to Study the Problems of the Deaf was called to order by Chairman Richard A. Cerosky, at 10:30 A. M., on March 11, 1970, in the Public Service Building at 55 Elk Street, Room 211, Albany, New York. Members and staff in attendance were:

Mr. Salvatore Grieco
Sister Nora Letourneau
Father Martin J. Hall
Mr. Carlton B. Strail
Mr. Stanley R. Benowitz, Staff Coordinator
Mr. David C. Dempsey, Counsel
Mr. Robert L. Marinelli, Assistant Counsel
Mr. Bertrand H. Hoak
Mr. Herbert Malyak
Mr. Max Friedman
Mr. Fred O. McGrath
Mrs. Marjorie Clere, Interpreter
Mrs. Eleanor F. Conboy, Secretary to Staff Coordinator
Dr. D. E. Harro, Director, N.Y.S. Dept. of Health
Mrs. Joan C. Gable, Admin. Asst. N.Y.S. Dept. of Health
Mr. Theodore Howes
Sister Pauline
Father Massao Lombardy

Mr. Cerosky expressed deep appreciation to the Commission members for their cooperation in helping him, as Chairman, through this year and embarking on what was a new policy and program for the Commission in efforts to help the deaf people of the State. He extended his thanks to the staff members who worked on projects and aided so much in gathering information we needed to make determinations in efforts. Mr. Cerosky particularly extended his gratitude to Dr. Harroand Joan Gable, who are not on our staff, but who helped and assisted so invaluably. He hopes their continued interest will be with us in the Commission's work another year.

Chairman Cerosky said he spoke to the Legislature recently - both Assembly and Senate - in an effort to try to have the Commission continue without the normal break because in the previous years it has been in operation there was a standstill of approximately two months. He was assured by both houses of the Legislature as well as the Chairman of the Senate Committee, Finance, Ways and Means, after the budget for New York State is passed, one of the first measures would be the extension of this Commission. Thus, there should be no need for a break in the operation of the Commission. Mr. Cerosky also had discussion with the Governor who will cooperate to the fullest.

At the last meeting the subject arose about a new area of direction. The thought was advanced there was a feeling perhaps the Commission was doing nothingor rather, it was deviating from the original reason it was created. Mr. Cerosky stated, in his judgment, the Commission had accomplished a great deal.

Immediately the Commission embarked on the use of a new program of communication; that of sending news releases and reports to every media to get information out, and to Commission and Staff members. The system has been in use three weeks. It has altered the feelings that were expressed at the last meeting to a great extent. We have assured the deaf community we are vitally active. The Commission members agreed the course of action should have been taken sooner.

Belief was expressed by Mr. Cerosky that the Commission had accomplished a good deal this last year solving problems and putting in perspective those things that concerned the deaf people. He feels there is more work to be done in the field of research. We have made headway and are moving ahead.

In connection with the Licensing of Hearing Aid Dealers Mr. Cerosky stated perhaps one may not think this was really important but he assured the members it was extremely important with respect to the acknowledgment of the Commission's efforts.

A meeting was held by Mr. Cerosky and the Regents Department of the State Education Department at which he brought to them an awareness of the Commission. They were impressed with the amount of effort extended by the Commission to license Hearing Aid Dealers. During a further discussion with Regent Pforzheimer, we had wished on us the task of licensing audiologists for next year. In Mr. Cerosky's words - "Guess we did an outstanding job with Hearing Aid Dealers." There was more concern with Audiologists than Hearing Aid Dealers and it would have been preferred licensing of Audiologists above Hearing Aid Dealers. However, they agreed they would support this bill and recommend to the department that Hearing Aid Dealers be licensed. Schedulewise, they would have preferred it the other way around.

A breakthrough was established with the Department of Education letting them in on some of our problems in the area of education. This expresses in Mr. Cerosky's judgment what the Commission has done and accomplished and where we can go next year.

Because of an extremely busy day, with several bills on the calendar, Chairman Cerosky expressed his regret that he would not be able to spend all of his time at the meeting. He promised to get back as soon as he could.

Max Friedman, who was not present at the last meeting, had a prepared statement. Following are his remarks as read by Stanley Benowitz:

"Chairman Cerosky, Members of the Commission:

"Much as I dislike to say so, our Commission has acquired a reputation among the deaf as a "do-nothing" body. Of

> course, we have our "baby bill" and other bills pending and certain of passage in Legislature but the deaf do not feel that these are much to show after three years.
>
> The deaf feel we have been scattering our shots, spending too much time on matters they do not feel are important. Whether or not we agree with this consensus is immaterial. What does matter is that we should be directing our energies to more productive work.
>
> (1) The situation on rubella babies is easing. But there is still work to be done. We cannot rest as long as there are deaf children in the State with no place to go for their education.
>
> (2) We need a special facility, or perhaps two, to care for those deaf unfortunates who need homes, but who do not belong in State hospitals.
>
> (3) Pursue the proposals advanced by the State-wide Planning Committees for Vocational Rehabilitation. Instead of matters getting better, they are getting worse within the State D.V.R. I am convinced that things will continue to get worse unless something is done to put pressure on the Commission for D.V.R.
>
> (4) And most important: Establish guidelines setting forth the authority and responsibilities for a State Permanent Commission, and work for the establishment of such an office. We have been sidetracked on this long enough."
>
> Max Friedman

Mr. Cerosky accepted Max's criticism of what represents the feelings of the deaf community. He explained this was brought out at the last meeting by Commissioner Strail. As stated at that meeting, he was convinced there was no problem defining the working of this Commission. Mr. Cerosky brought out that Max was one of the original Commissioners. This was the fourth year of the Commission's existence--the first year was wasteful; second year the Commission was getting set. There were changes in policy for better or worse. He believed the Commission was functioning better, and accomplishing more. Mr. Cerosky said perhaps he was responsible in not letting the deaf community know what we were doing. He has tried to change the policy so that the deaf community would know what was going on.

Regarding rubella - Mr. Cerosky had legislation out of the Health Committee last week which provides for rubella innoculation. He agreed there were many things the Commission could and should be doing now and in the future. However, he thought it all boiled down to this--does this Commission feel it would best serve the deaf community if we disbanded or asked for a permanent Commission?

Legislation could be created but no one can assure its passage.

Mr. Cerosky was glad to accept constructive criticism. He admired the Commissioners for giving their time without pay; however, he stated he did not want a "Do Nothing Commission" or to waste the taxpayers' money.

Max was queried by the Chairman if he could tell ways we might better reach the deaf community. Max felt that the news releases were one step and he urged it be kept up. As to the costs of the program, the Chairman explained mailing was tremendous. With reference to the releases--it was decided to send them to every periodical, concerned group, or any group that had anything to do with the deaf. One hundred eighty are currently being mailed out. This did not include the Commission members, staff, or any individuals. In addition, nine hundred mail outs were considered on an individual basis. The releases are also sent to the Albany National Director of the Assembly who reproduces them and then sends them out under Assembly mailing.

Sister Nora expressed her belief this was an excellent way of getting the releases out. Mr. Cerosky hoped it would work and he would use every means to get to the people.

A willingness to travel and address as many groups as possible was offered by Mr. Cerosky to tell what we are trying to accomplish. To date he has spoken in New York; is scheduled for Rome, and Stanley Benowitz said, Rochester, hopefully.

Public Relations

It was determined we should consider holding Commission meetings in different parts of the State. It was agreed to follow through with that recommendation. Perhaps it would give impetus to the local papers to carry our news.

Sister Nora expressed the thought that an invitation should be sent to people to address our Commission. If we move about, it would be good to invite different leaders in the community to attend and give the community advance notice of the meeting.

Dr. Harro cited - one of the problems was getting information out. Until this year we had to grapple with many different problems which we recognized. Now we have implemented recommendations.

The following areas of activity were enumerated by Dr. Harro which the Commission has covered:

Prevention - Rubella Virus and the Immunization Program
Early Detection - Screening of Infants
Insurance Study - Life and Auto
Education Department Dialogue with the Health Department
Hearing Aid Dealers
Audiologists
The Aged
Staff Studies
Options for Continuing Focus on the Hearing Defects Center
    as well as that of a permanent Commission

Dr. Harro urged the Commission to get the programs adopted. Dr. Harro felt there was a lot of hard effort by the staff and that the Commission members should not serve as staff. He thought this procedure was a very good idea.

Appreciation to Dr. Harro for his invaluable efforts was extended by Mr. Cerosky.

Senator Present introduced a proclamation - signed by the Governor which was a repetition of a similar one introduced last year - declaring the week of March 15 to March 21 as Deaf Week in New York.

At this point Mr. Cerosky asked to be excused and invited Sister Nora to chair the meeting at 11:20 A. M.

Multiply Handicapped

Stanley Benowitz commented on this. He agrees with Max Friedman that there should be a home facility for those who should not be in a State facility.

The Aged

The Staff Coordinator expressed the hope that the group, under the auspices of the Reverend William Lange, will be working together with the Commission to get firm recommendation, with statistics to back them. He also feels the retarded deaf should be in a State hospital which had a specific program geared to their needs. A contact was made with Dr. Rainer who denied stating any specific number. However, Dr. Vernon has made recommendations,some of which we will follow.

A further discussion was entered into by Max Friedman and Carlton Strail regarding the D.V.R. State-wide Planning Committee's recent report. Mr. Cerosky and Stanley have gone over the matter and they are not decided if the D.V.R. is another area of concern. Sister Nora recommended to Mr. Cerosky that a whole meeting be devoted to the D.V.R. and that Father Hall have a resume' on this report. A general discussion ensued on the State-wide Planning Report.

Then Commissioner Strail questioned Counsel Dempsey on the Second Injury Law.

At this point the Staff Coordinator gave some background information on Mrs. Richard Kendall, our speaker for the day. Mrs. Kendall was concerned about providing education to deaf children in public schools.

At 12:05 the meeting was adjourned for lunch at the Ambassador.

The meeting reconvened at 1:45 P. M., with Chairman Cerosky.

A general discussion followed during which Sister Nora, Dr. Harro, Father Hall and Max Friedman brought out ideas on the concept of a Hearing Defects Center. Mr. Cerosky said he thought one has to determine how many other departments of government are involved - Education, DVR, Health, etc. and how to get it functioning properly in one of these departments. The Commission could discuss it and decide pursuing the Concept as to the make-up of the staff. To intelligently make that decision more information was needed.

Mr. Marinelli commented that during Senator Hastings' time the Governor was very much interested in an umbrella type of center to cover the blind, the deaf, etc.

There is a need and this Commission is convinced this is what the deaf of the State of New York do need.

The Health Department said they would like to consider some of the mechanics of this idea.

Mr. Cerosky reviewed - in 1968 we were assured by the Governor's office that we were not going to have an extension of the Commission. However, we were in a different ball game now. He further stated - should the Commission determine it should be a permanent Commission we could introduce the necessary legislation. We have introduced legislation to extend the present Commission. If it is not going to be extended, we could still accept this concept of a Hearing Defects Center.

Father Hall advanced the information about the office of the Aging. It started as an office in the Department of Social Welfare. Then is was put in the Executive Department. A great deal would depend on the language of what we were to propose in the strictly medical aspects.

At this point, it was suggested by the Staff Coordinator that it be left to him and his office to get all the information we can and assimilate this information at one future meeting with the Chairman.

Chairman Cerosky introduced Mrs. Richard A. Kendall, President of the New York State Parents of Hearing Impaired Children, Inc. A prepared statement was read by Mrs. Kendall on Recommendation to the New York State Commission on the Deaf. (Copy of this statement is attached.)

During a discussion which followed the speech, Max Friedman learned by questioning that Mrs. Kendall has a deaf child of five.

Mr. Friedman explained the difference between day schools and day classes. He felt by no means should we return to the one room classroom. Systems could be set up on a regional basis. Mrs. Kendall promoted the idea in which a child is in a normal class. A full time teacher of the deaf is hired to assist four, five and six year old children of the school to give them what they need. If children should need self-contained classrooms you would have to branch out to a major region. Mrs. Kendall further stated what they are asking for is that deaf children, who are capable, should be able to be educated in Public School systems so that they may have optimal opportunity to grow up with the hearing population. Deaf people may gravitate to the deaf people or to other people as they wish. Public schools have program educating normal children. There is an advantage in this education, Mrs. Kendall remarked, to make the normal child of today much better educated than you and I. The deaf child should have the opportunity of learning in the public schools. At the present time there is limited opportunity.

On questioning by Mr. Cerosky, Mrs. Kendall advised between $3,000 and $3,300 would be an estimated figure of the cost to the State of New York per pupil depending on the program. This includes teachers' salaries.

Sister Nora believed we should have a good strong program in the public schools especially geared to the hard of hearing child since there is a great need in this area. Many children coming through our early identification and nursery training program for deaf babies could, by the time they are five or six, fit into a well organized and supervised program for hearing impaired children within the public school setting.

On behalf of the Commission, Mr. Cerosky thanked Mrs. Kendall for taking her time to appear at our meeting and giving us her views. Certainly, he felt, it left the Commission members more knowledgeable.

Because some of the attendants had to catch planes, Mr. Cerosky adjourned the meeting at 3:30 P. M.

Respectfully submitted,
Eleanor F. Conboy

TEMPORARY STATE COMMISSION TO
STUDY THE PROBLEMS OF THE DEAF

The twenty-third meeting of the Temporary State Commission to Study the Problems of the Deaf was called to order by Chairman Richard A. Cerosky, at 10:30 A. M., on Thursday, June 11, 1970, in the Assembly Parlor at the Capitol, Albany, New York. Members and staff in attendance were:

Mrs. Alice Beardsley, Vice Chairman
Father Martin J. Hall
Mr. Carlton B. Strail
Sister Nora Letourneau
Mr. Fred O. McGrath
Senator Jess J. Present
Mr. Stanley R. Benowitz, Staff Coordinator
Mr. David C. Dempsey, Counsel
Mrs. Alice G. Palmerini
Mr. John Ennis, Interpreter
Mrs. Eleanor F. Conboy, Secretary to Staff Coordinator
Dr. D. E. Harro, Director, N.Y.S. Dept. of Health
Mrs. Joan C. Gable, Admin. Asst., N.Y.S. Dept. of Health

Mr. Cerosky remarked the first order of business was legislation that was supported by the Commission last session. He stated the Commission worked hard on the bill for the licensing of hearing aid dealers and we put forth a great deal of effort on the bill. The bill passed both houses of the legislature without a dissenting vote. Then, in the final days, the governor vetoed it. Inasmuch as the Board of Regents was made aware of the Commission and the amount of work it had done to license hearing aid dealers, Regent Pforzheimer, Chairman of the Regents, requested we look into the matter of licensing audiologists.

Chairman Cerosky said he was extremely disappointed when the governor vetoed the bill. The reasons were very shallow. Apparently no consideration was given to the entire State of New York. Mr. Cerosky was confused why the governor confined licensing to one part of the State. It did not seem to be a very clear cut, good reason why the bill was vetoed other than certain consumer groups opposed it in New York because of the Code of Ethics of Hearing Aid Dealers. It was stated - "They all abide by the Code of Ethics." It is Mr. Cerosky's understanding the Attorney General's office, with minor changes, will support this bill. Remarks to Mr. Cerosky indicated there was diverse reaction to the bill by the audiologists' group in New York City. It was a surprise to learn this bill was not the type of bill they wanted. General discussion ensued with all members partaking. Mr. Cerosky noted it boiled down to - that it was apparent the audiologists prefer to be licensed first. It was his desire to determine at the meeting in what direction to move.

The Baby Bill -

This bill suffered an early fatality - dying in committee - in both houses. It was thought that this bill should come through the Education Department. They made no indication there was a direct need for this aid (below age 3) It seemed that the money needed to supplement the bill was available. Another bill - the Rubella Program Bill. This bill passed both houses of the legislature and was signed into law. It is now being implemented. This bill was supported by us and pushed. Chairman Cerosky was delighted to see that we won one; almost won another, and lost the third. He hoped next year will be better.

Relative to the Baby Bill - the Chairman said if we persist long enough we might win. Counsel Dempsey explained he had been at a meeting of parents the previous night and he remarked to that group that this bill had been put in the legislature several years. These people were shocked. They didn't know of it's fate.

Chairman Cerosky advanced the thought that we should direct our attention to what we should do in connection with research work. He said that priority must be established before research work could be done. At the meeting before last (January 21, 1970) we heard Dr. Vernon testify how lacking the State was with the definite known area of deaf people in the state. He made recommendations. It is believed by Mr. Cerosky that we could better prepare ourselves for introduction of any legislation for early consideration. It would be better to have the work done early. Also, we should set priorities for the Commission's work this year and get going immediately.

At this point the meeting was opened for general discussion.

Mr. Dempsey, counsel, wondered if everyone had seen the amended Hearing Aid Bill. He tried to procure copies at this point for that purpose but they were not available.

Mr. Cerosky asked for ideas as to what the Commission should do in the area of the licensing bill, for hearing aid dealers. Mrs. Alice Beardsley thought we should look at the bill. It was suggested that the Attorney General's office be contacted to find out what changes should be made.

Mr. Cerosky said he was amazed there was little advertising in the paper relative to nerve deafness and the claim they could cure deafness. Why did they wait until the bill was vetoed then push such devices?

Senator Present brought out that there were some questions asked in the Senate -- these people felt this bill would restrict their members from being salesmen. This was referred to Mr. Benowitz by Mr. Cerosky to assign the task to Robert Morris and David Dempsey to see if we can learn the reasons from the New York City group and Attorney General's office about changes in the bill.

Relative to the bill for licensing audiologists, a representative of the Board of Regents asked if the Commission was interested in such a bill. It was mentioned that the audiologist group have a bill in rough draft. Mrs. Beardsley was delegated to get a copy and refer it to Mr. R. O. Morris.

The question was raised by Mr. Cerosky - does the Commission believe we should get into this area - licensing audiologists if the audiologists aren't doing it themselves? The answer was "Yes".

Then the following question was raised: If they have their own legislation, would they eliminate objections to our bill? It was thought the audiologists do not want the hearing aid dealers to prescribe. They wanted to be the ones to do such. Mrs. Gable explained we have a complete list of audiologists, approved by the State Health Department - about 30. They are registered American Speech and Hearing Association members.

Dr. Harro was asked by Chairman Cerosky relative to the licensing of audiologists - if the Health Department had given it any consideration. Dr. Harro thought not. He suggested engaging an audiologist as a part time staff member. Mr. Cerosky asked the Staff Coordinator to assign this to Mr. Morris and Mr. Dempsey. It was agreed to propose legislation for two bills - one to license the hearing aid dealers and the other to license the audiologists.

A question was raised regarding the background of Commissioner Melvin J. Furst. It was stated by the Chairman that three people had asked to be appointed to the Commission. Mrs. Richard Kendall - President of the New York State Parents of Hearing Impaired Children, Inc.; Dr. Robert J. Ruben of the Albert Einstein College of Medicine in New York City who telephoned Chairman Cerosky. His resume was read by Mr. Cerosky. Mr. Dubner, of the Rockland County Parents of Hearing Impaired Children was recommended by Assemblyman Levy. Mr. Dubner chaired the meeting which Mr. Dempsey attended the previous night. He is very active in the same association Mrs. Kendall is involved in. Both are parents of deaf children. During the general discussion it was brought out that two deaf people had to be appointed from the list according to the law. Carlton Strail and Max Friedman are the two commissioners presently serving. Mr. Dubner made it clear to Mr. Dempsey that he had made a request to Mr. Cerosky to be a commissioner. He felt he could be helpful passing information back and forth. Mr. Dubner represents the Rockland County group and Mrs. Kendall - the State Association.

The staff was asked to get background information on these people and determine if any recommendation should be made for their appointment to the Commission.

At this point Staff Coordinator Benowitz discussed recommendations pointed out at the last meeting by Max Friedman that we have digressed and are going in the opposite direction.

Father Hall felt that it might be possible to have a joining of the deaf community and parents of deaf children to effect a rehabilitation program for deaf children. The point was clarified by Sr. Nora - it would be both groups - deaf and hard of hearing.

Mr. Cerosky said there is no need to feel if one of the commission member's was a parent of a hearing impaired child and that the commission would only be directed in that area. He wondered if we could convince the deaf community of this. Mr. Benowitz stated they will not be convinced.

One of the problems the Commission faced since its inception, according to Chairman Cerosky, is that there is a tremendous gap in society - between the hearing and the deaf. Bridging that gap is not easy. His hope would be to try to bridge the gap. We need to make society understand the deaf and the deaf understand society.

Mr. Benowitz was requested to get the background information on these people and at a subsequent meeting determine which, if any, the Commission would recommend to the governor.

Mr. Cerosky raised a question re the implementation of Dr. Vernon's recommendation on the number of deaf persons in the State institutions. He understood in discussion with Stanley Benowitz that this would be a 'nose to nose' count. Staff should be appointed to research this information and get it as soon as possible. Recommendations should be made to the Mental Hygiene or Health Department for a constructive program.

When the meeting resumed at 1:45 P. M., Mr. Benowitz briefed all on the following:

1. Legislation aspects.
2. An educational survey of the schools and programs of the deaf including state schools and any others.
3. The mentally ill/retarded - a 'nose counting' project to serve as a guide-line for a possible program for treatment or rehabilitation.
4. The dependent deaf and the aged deaf.

It was proposed to have a meeting scheduled with Dr. Emil Zabell (New York Society of the Deaf) since information of the development of the Tanya Towers Project might give direction in the area of the aged deaf. Mr. Max Friedman, Mr. Fred McGrath and Rev. Hall were to sit in on this. An August meeting is being contemplated.

Fostering programs for parent education and training institutes for professional personnel as suggested in the last report was discussed. It was generally agreed that this would have to wait until other priorities were agreed upon. At this point, the Chairman asked what areas should be made for the list of priorities to be worked on in the coming year.

Sister Nora suggested that the area of the mentally retarded and the emotionally disturbed should receive one of the prime considerations. She added that the high school situation be considered also. Discussion revealed high interest for the researching of the named areas. It was then agreed some staff members would work with Sister Nora in the evaluation of the present high school programs in the state. This would provide background information for any possible recommendations by the Commission.

It was agreed that action be undertaken in the area of the mentally retarded and the emotionally disturbed. A survey as to how many have been dropped from schools for the stated reasons has been requested. Then results of such survey would reveal what was to be needed for such individuals.

Another area of concern was of the Division of Vocational Rehabilitation. The group asked to have Commissioner Adrian Levy address it so the Commission can be better informed of the DVR's work after its Statewide Comprehensive Report. Mr. Cerosky directed Mr. Levy be invited to the next meeting.

A question was raised by Mr. Cerosky - What do we do after this year?

Discussion followed. The Commission directed Mr. Benowitz and his staff to explore all possibilities and report back to the Commission any suggestions/recommendations.

Mrs. Beardsley raised the question as to what was happening with the pre-screening program for infants. It was explained that there had been no legislation but that the Health Department Staff - the Maternal Child Health - was following on initial inquiries on a trial basis.

It was reported to the group there were five staff members at present to carry out the functions of the Commission. Mr. Cerosky explained the assignment of staff members including those of the minority party. Sister Nora stated that the staff should be dictated by time and need since there had been several who did little to her knowledge. Expansion of the staff was dependent on how much money was available. It was noted that college students would be utilized whenever possible as they had proved their worth. It was learned too that the Legislature will publish our next report at a considerable saving to us.

Again, it was explained by Mr. Benowitz that future Commission meetings would be held in different parts of the State of New York. He advised all of the change in expense rates and reiterated that it was essential to have expense vouchers in without delay so that they could be processed before the end of the month. Discussion ensued relative to the next meeting. It will be held on Wednesday, September 2, at the New York School for the Deaf, White Plains, N. Y., at 10:00 A. M.

Dr. Harro reported to the Commission on the Rubella Program. He explained they are limiting the program to children from age one to puberty. Approximately 3.6 million children that age range were given vaccine in New York State.

There is a new law - the governor signed a bill that all children entering school are to be immunized against rubella. They need a certificate from a physician that the child had the rubella shot.

Also each physician received a letter signed by the President of the Medical Society, or the Commissioner of Health, informing him of the law and his responsibilities under the law, and that the vaccine is available to physicians. The Federal Government advanced the money to make the vaccine available instead of cash. Children are receiving the shots at the rate of 400/hour - very fast. They are going to the schools for the mentally retarded and ill to provide the vaccine and to administer it without cost.

So far they have had trouble with just one vaccine. Dr. Harro claims we have the potential for preventing a rubella epidemic. That it will do no harm, he feels sure, and that we would like to continue the campaign.

Chairman Cerosky informed the group that Mrs. Beardsley and he had attended the rubella program bill signing meeting in New York.

The meeting was adjourned at 4:00 P. M.

Respectfully submitted
Eleanor F. Conboy

TEMPORARY STATE COMMISSION TO
STUDY THE PROBLEMS OF THE DEAF

The twenty-fourth meeting of the Temporary State Commission to Study the Problems of the Deaf was called to order by Chairman Richard A. Cerosky, at 11:15 A. M., on Wednesday, September 2, 1970, in the Library at the New York School for the Deaf, White Plains, New York. Members and staff in attendance were:

Mrs. Alice Beardsley, Vice Chairman
Assemblyman Salvatore Grieco
Assemblyman Eugene Levy
Mr. Fred O. McGrath
Senator Jess J. Present
Mr. Max Friedman
Mr. Carlton B. Strail
Assemblyman Guy R. Brewer, Ex-Officio Member
Mr. Salvatore Grasso
Mr. Stanley R. Benowitz, Staff Coordinator
Mr. David C. Dempsey, Counsel
Dr. D. E. Harro, Director, N.Y.S. Dept. of Health
Mrs. Natalie Perlman, Admin. Asst., N.Y.S. Dept. of Health
Mrs. Joan C. Gable, Research Assistant
Mrs. Marjorie Clere, Interpreter
Mr. James Julier, Public Relations Representative
Mrs. Eleanor F. Conboy, Secretary to Staff Coordinator

Mr. Cerosky extended to the New York School for the Deaf sincere appreciation for allowing the use of their facilities for the meeting. He explained that we had scheduled a tour of the facilities and in order to keep to our schedule he had to proceed without delay to make the following introductions:

Mr. James Julier - who is to assist us as Public Relations Representative. He is associated with the March of Dimes doing work for them in Westchester County.

Assemblyman Eugene Levy - Rockland County

Dr. Roy M. Stelle, Superintendent, New York School for the Deaf

Mr. Kendall D. Litchfield, Principal, " " " " "

Mr. John Cantwell, and

Mr. Aaron Hurwit, two gentlemen both deaf, who came to our meeting by invitation as representatives of the deaf community in the New York City area.

Superintendent Stelle extended his welcome to the Commission and Staff members on behalf of the New York School for the Deaf. He explained this school is the second largest school for the deaf in the United States preceded by the American School, at Hartford. The New York School got its charter from the Assembly in 1817. The first classes for the deaf were held in the present City Hall in New York City. The school has 200 resident and 100 day students.

Dr. Stelle suggested we proceed with our tour then stop at his home at 12:15 after which lunch would be served at the school.

Senator Present moved that we accept the minutes of the June 11th Commission meeting. The motion was seconded by Assemblyman Grieco.

Chairman Cerosky called on Coordinator Benowitz at this point to inform all concerned in regards to the Staff activities since the last Commission meeting.

Mr. Benowitz reiterated that Mr. Robert Morris did the preliminary research work on the licensure of the hearing aid fitters/dealers last year. Along with the transcripts of the two hearings held prior to the drafting of the final version of the act, Mr. Morris was reviewing the proposed document with Counsel Dempsey. It was then reported that in August Mr. Morris conducted a meeting, in Tarrytown, at which Professor Ira Ventry of the Department of Audiology, Columbia University; Mr. Paul Gilbert, President of the Hearing Aid Dealers Association; David C. Dempsey, Counsel; and Stanley Benowitz were present. Questions were asked by Dr. Ventry as to the whys of the proposed Commission bill. In return he provided information as to why speech therapists and audiologists should be licensed. He agreed to work with the Commission and Staff in regard to both of the proposed licensures.

It was stated that it was regrettable that Mr. Morris could not be present at the meeting due to a back injury.

An interim report was given next re the area of the Multiply Handicapped Deaf. It was made known that this assignment was given to Staff member Serphin Maltese. Since it was agreed that a valid figure as to how many deaf individuals not currently enrolled in a special program was needed, therefore the Staff member had developed a questionnaire along with an accompanying letter to be sent to all existing programs related to the hearing impaired covering the past six years. It is expected that some valid statistics and pertinent information would be available after such a survey. It was noted that this was in line with one of the priorities set by the Commission members last June.

Mention was made that Counsel Dempsey was working on the subject of the Second Injury Law of the Workmen's Compensation Act per request of Commissioner Carlton B. Strail. Counsel was to comment on this subject later in the day.

It was reported also by Coordinator Benowitz that services of Evaluation Specialist William Darnell, of Rochester, New York, were secured to take a 'nose count' of the deaf retarded in the New York State Schools patterned after Dr. McCay Vernon's suggestion last spring. Arrangements have been made to start a pilot 'census' at the Rome State School for the

Retarded, in Rome, New York, some time shortly after the Labor Day holiday. It was revealed that the Rome school was selected because of its large population and previous studies there made it an appropriate starting point which would serve as a frame of reference for any technical refinements before going into other state schools. This again was in line with the priorities set in June. After such a study is conducted and all information analyzed then suggestions for any Commission action would be made.

Commissioner Grieco then questioned the reasoning for the licensing of the audiologists. Coordinator Benowitz stated that one of the reasons was that such a request was made of the Commission by the New York Board of Regents and the other reason was that the professional group of audiologists and speech therapists were considering a bill of their own to submit to the Legislature some time soon in the future.

It was mentioned that that professional group wanted a bill which would serve their private feelings that they be the only ones to prescribe any type of hearing aid they thought best suited for an individual before any handicapped person could contact a hearing aid dealer. It was pointed out that in actuality there were not enough audiologists in the state who could fulfill this enormous task.

Relative to the Audiologists' Bill - Counsel Dempsey stated that he learned the group wanted licensure only for those who were independent and not connected with an institution or hospital or a qualified medical doctor. Discussion ensued and it was the consensus that all should be licensed or none at all.

Counsel Dempsey then went on to discuss his work with the State Attorney General in regards to the vetoed Hearing Aid Bill. He learned that the Attorney General's office had endorsed the proposed bill since it felt ultimately licensing was the answer instead of the present self-imposed Code of Ethics. It was further revealed that the demise of the bill was attributed to two specific groups - the Health Department of New York City and some of the large department stores in New York City. Counsel Dempsey recommended no changes in the original bill and asked that the Commission ask for passage of said bill in the next session of the Legislature.

Assemblyman Grieco asked when the Hearing Aid Bill was rejected and asked for a copy of the Governor's veto message. Discussion followed. It was suggested that a copy of the Governor's disapproval be sent to each member of the Commission for study and possible action at the next Commission meeting.

The question was raised if any hearing was planned prior to any consideration of licensing of the audiologists and speech therapists. It was felt it would be advantageous to all concerned if one be held. Chairman Cerosky after some discussion directed that such a hearing be held, in Syracuse, New York, the second or third week in November.

Chairman Cerosky noted that he and Mr. Benowitz had a meeting with Commissioner Adrian Levy of the Education Department's Division of Vocational Rehabilitation. The thought was advanced of having Commissioner Levy attend the October meeting so that all would have the same opportunity of hearing him and ask any pertinent questions. It was agreed to ask Commissioner Levy to the next meeting.

Counsel Dempsey reported on his correspondence re discrimination in employment practices of hearing impaired persons whenever the Second Injury Law was involved. He learned that assistance from the Department of Labor was available whenever requested. It was explained that the aforementioned law was to function so that hearing handicapped persons would be afforded employment opportunities and the employers would be encouraged by such law - not discouraged.

At this time a recess was called because of the hour for lunch.

Resumption of the meeting took place at 2:00 P. M., at which time Chairman Cerosky introduced Dr. Jerome Schein, Director of Deafness Research and Training Institute of the New York University. Dr. Schein thanked the Chairman for inviting him to speak to the Commission.

Dr. Schein went on to explain the coming National Census of the Deaf currently sponsored by the Social and Rehabilitation Services of the Department of Health, Education, and Welfare. He mentioned that the same questions plagued the Government as did the Commission. For example, 'Has growth in population of the United States been accompanied by a growth in the number of deaf people or are there more? Or are there less?' No one really knew any of the answers. He questioned whether a raw count would satisfy any one. It was needed to know the basic information re the number of people, their location, their ages, sex, marital status, employment. After such data was collected, then the National Census would be able to carry out sub-studies providing information about functional histories of deaf people, social activities, and any other needed pertinent data. The reasoning for such a project was that there have been no exact depth of studies account until now. Dr. Schein was hopeful that adequate financing from the Federal Government would be forthcoming so as to give an accurate and full accounting as possible.

Dr. Schein stated that if the Commission agreed that the National Census of the Deaf was an important activity, then he was asking for the State Commission's support and public endorsement for full cooperation of the New York deaf citizens.

It was explained that the mails would be utilized beginning in October for a campaign to communicate to the deaf people the necessity of answering the forthcoming questionnaire due some time in December. From previous contacts it was found that many states had interest and wanted more detailed information about their State. However, Dr. Schein reiterated that the census was a nationwide one but was geared to cooperate with any city, state, county group that wanted more specific information. He pointed out the fact the project would cost between $10.00 and $20.00 per household and that the more householders contacted, the more accurate the census personnel would be. It was revealed that a national sampling of 42,000 households was being planned for and that it would not reveal much information about New York State, but information about the United States in general.

In response to a question Dr. Schein said that the raw information would be available in 1971 and then reported early in 1972. Dr. Schein said in answer to Commission's question that there is nothing in the recent U. S. Census about any handicapping information.

Chairman Cerosky thanked Dr. Schein on behalf of the Commission for being with us and explaining the Census program relating to deaf people. He promised him that the Commission would consider the endorsement of his request.

Re Counsel Dempsey's report, he asked what the Commission members wanted done regarding the area of Human Rights. Commissioner Strail requested that the Counsel take action so that the State's version of the Human Rights Law contained a new clause which the New York City version included. Commissioner Max Friedman requested the Counsel to initiate correspondence with the Federal Interstate Commerce Commission. He cited a case where a deaf chauffeur was denied employment as a delivery truck driver after it was learned he was deaf. It was pointed out that this particular individual could drive commercial trucks within the State but could not Interstate. It was conceded that it was an FICC ruling that was the prohibiting factor. It was agreed that Counsel Dempsey would write for more details on this ruling.

Next on the agenda were the two representatives of the deaf community. First was Mr. Aaron Hurwit, a retired printer, who related that the deaf community felt that there was too much discrimination of the deaf. He related that the deaf citizens were almost always put in the assigned risk pool and made high premium payments. He thought the Commission should make it easier for any deaf motorist to buy automobile insurance coverages. The other deaf representative commented on house insurance. This one, Mr. John Cantwell, of Long Island, cited his examples. Upon further discussion the Commission learned that the type of insurance discussed was that of term insurance. Chairman Cerosky cited that last year much time was spent by the Staff investigating this problem. He added further that it was the conclusion of the Commission that the problem was not as great as posed and there was always some underlying reasons why the deaf could not get insurance coverage. He also pointed out that the rates for assigned risk pool were manual rates and no higher than any other insurance company in New York State, unless the person has had an accident.

Assemblyman Grieco suggested that Mr. Hurwit keep in touch with his local legislators and this Commission.

Under the Head of New Business - Commissioner Strail remarked that the U. S. Post Office Department would like to have more deaf people work in the Post Offices. However, such persons had to be trained before they could be hired. He asked if it would be possible for the Commission staff to contact the Post Office Department asking for a directive for a training program in the schools for the deaf to educate the students to a degree that they could qualify for such employment.

For further information on this subject the address of Mr. Thomas Clere was given to the Staff Coordinator. Mr. Benowitz stated he would communicate with the Post Office Department to find out what type of programs were needed. He also stated that it might be necessary to work with two State agencies - the Division of Physically Handicapped Children and the Division of Vocational Rehabilitation. Chairman Cerosky thought this an excellent idea to follow through.

After further discussion of Dr. Schein's treatise of the National Census of the Deaf, Senator Present suggested that the Counsel draft a resolution which he would present to the Commission to be seconded by Assemblyman Grieco. This was proposed so that the Commission could publicize the fact that it was solidly behind the forthcoming census. Further discourse on Dr. Schein's request and hope for some appropriation followed. Senator Present asked that a letter be drafted to be sent to Dr. Harro so that he would be made aware of this census and secure any information which might be beneficial to the Department of Health.

It was the general consensus if Dr. Schein came asking for money he would have asked for it directly. Senator Present felt that we should get more thoughts from the Health Department - encouragement or discouragement. Dr. Harro is to pursue this and give the Commission some direction at the next meeting.

Commissioner Strail advised all those present a New York State Chapter of Interpreters for the Deaf was established on May 16, 1970. He stated that the Board may ask the Commission for support. Chairman Cerosky thanked him for this information and was hopeful for a list of qualified interpreters for dissemination to interested parties.

The Chairman turned to the task of setting the site and date for the next meeting. It was tentatively agreed to have it, in Buffalo, New York, on October 15th. Confirmation would be expected from Sister Nora to have it at the St. Mary's School for the Deaf.

There being no further business, the meeting adjourned at 4:05 P. M.

Respectfully submitted,
Eleanor F. Conboy

TEMPORARY STATE COMMISSION TO STUDY THE PROBLEMS OF THE DEAF

The twenty-fifth meeting of the Temporary State Commission to Study the Problems of the Deaf was called to order by Chairman Richard A. Cerosky at 11:05 A M., on Thursday, October 15, 1970, in the Assembly Hall at St. Mary's School for the Deaf, Buffalo, New York. Members and staff in attendance were:

Mrs. Alice Beardsley, Vice-Chairman
Rev. Martin J. Hall
Sister Nora Letourneau
Senator Jess J. Present
Mr. Max Friedman
Mr. Carlton B. Strail
Mr. Stanley R. Benowitz, Staff Coordinator
Mr. David C. Dempsey, Counsel
Mr. Robert O. Morris
Mr. William T. Darnell, Evaluation Specialist
Mr. Serphin Maltese
Dr. Dale E. Harro, N.Y.S. Dept. of Health
Mrs. Natalie Perlman, Admin. Asst., N.Y.S. Dept. of Health
Mr. Bruce Kaufman
Mrs. Joan C. Gable, Research Assistant
Mr. Robert L. Marinelli (Part)
Mrs. Marjorie Clere, Interpreter
Mrs. Eleanor F. Conboy, Secretary to Staff Coordinator

Chairman Cerosky extended appreciation to the St. Mary's School for allowing the Commission to meet at its facilities and also for the impressive tour. He reiterated the Commission was trying to visit as many such facilities for the deaf as possible.

The Chair also reported that a meeting was held in August with Commissioner Adrian Levy of the Division of Vocational Rehabilitation so as to ascertain just what the State Office was doing in the way of rehabilitative programs/services for the New York deaf citizens. From such a meeting it was agreed that for the benefit of all concerned Mr. Levy be invited to this meeting to present a clear insight from the DVR office and any answers to questions that might arise. To keep to schedule, Assemblyman Cerosky then called upon Mr. Levy.

Mr. Levy expressed appreciation for the opportunity to meet with the Commission and stated he would be brief so as to allow ample time and opportunities to answer any question. He then presented a short and comprehensive report on his Division.

Among the things Mr. Levy stated were:

1. There are 13 service locations with 7 special counselors in 7 of them.

2. Units were being established in the State Institutions for the Mentally Ill and/or the Mentally Retarded. Requests for funds to get specialists are being made.

3. 3 full time and 5 part time counselors are currently serving the needs of the deaf.

4. There are many personnel shortages and fiscal problems at all levels. And shortages of resources also.

5. Several positions remain unfilled.

Senator Present asked if any department people were qualified for the position of the State Specialist for the deaf and Mr. Levy replied in the affirmative. Mr. Benowitz asked about the prerequisites for the said position and Senator Present asked what the duties and responsibilities would be relative to such a position. The reply was that the Civil Service did not want to contend with such and were for the general promotion examination procedure. Mr. Levy stated that such a list could be utilized. General discussion ensued.

Mr. Levy also brought up the matter of age limits for rehabilitation service which until 2 years ago the set minimum was 14. However, as a result of New York's and other states' experience - 13 or 13½ was given for special services. The Federal age law changes removed all age limits but despite the change the program is most applicable to groups 15, 16, 17 and up, and adults. He stated we did not want, intend, or expect to take over the educational program. It was most important that the individual be as well educated as possible in the regular system. The big problem was that when a person came to us we found we had to do remedial work.

Sr. Nora asked - you mention that you have other facilities you send the children to. She wondered about the Upstate Area.

Miss Martin, Mr. Levy's assistant, remarked there were very few training centers in the Upstate Area except BOCES. On-the-job training has been used, as in some of our other residential schools; summer programs as well as other programs. Mr. Levy added they have been placing their interpreters at the colleges and programs to aid students in such facilities when needed.

Mr. Cerosky asked that the Commission be told what part OVR plays with BOCES training 14, 15 and 16 year olds.

Miss Martin told they had one problem; usually a single individual is involved. Even with a single individual the DVR had to take care of it with an interpreter. In the Up-State area this is what we are doing - not only for the "inschool" but especially for the "out of school" arranging special classes.

Alice Beardsley then questioned the policy of tuition being paid. She asked "Are there qualifications they have to meet for family income?"

Mr. Levy said no provision was made for higher education for the deaf. Stanley Benowitz stated several deaf individuals were getting help for higher education.

Mr. Benowitz asked: "Can an individual request a new hearing aid?" Mr. Levy answered they would supply only if it was necessary for him to have an aid to retain his job.

The Chairman asked, - "Are all decisions made in the district?" Mr. Levy said "Yes, the counselor makes the decision unless in very unusual cases. Provision is allowed for an appeal."

The multiply handicapped is a problem according to Mr. Levy and they have been concerned. They do planning (schools for retarded) for staff to work with them. It is in planning as how to set up additional planning and staff. There are many multiply handicapped deaf and all counselors are trained to work with all types.

Miss Martin explained - if a person became deaf before 18 and their parent is deceased, disabled or retired, special funds under Social Security are used. Then a person may receive service except if he is living at home. However, if he goes away, room and board can be supplied.

Dr. Harro said the first annual report - "The Minority Needs of the Deaf" - indicated there is a special unit in Civil Service dealing with minority groups. He suggested that it might be to Mr. Levy's advantage or the deaf's to ask if certain requirements be waived in order to place a person particularly qualified to work with the deaf but not prepared otherwise.

Mr. Cerosky, on behalf of the Commission, thanked Mr. Levy, Miss Martin and Mr. Evanko for their information.

The meeting adjourned for lunch at 12:15 P. M.

When the meeting reconvened at 2:00 Mr. William T. Darnell, Evaluation Specialist who is conducting a "nose count" at the Rome School for the Mentally Retarded, gave his report. Mr. Darnell handed out typed copies of his report which is attached.

Mr. Cerosky questioned Mr. Darnell - What you are saying to us somewhat conflicts with the information as given by Mr. Levy.

Mr. Darnell answered I can only comment as I see the situation. Before coming to New York State I worked in a very comprehensive program in Michigan.

Mr. Darnell was then asked what age group the report was concerned with. "The patients 6 to 30," - was the answer.

Mr. Cerosky asked - "Has any of your studies included beyond 30 in New York State?" "No. This is a pilot study, the first I have done," was the answer.

Sr. Nora wanted to know of Mr. Darnell if he felt the higher level educable group with proper programming could become more self-supporting. Mr. Darnell replied in the affirmative.

Chairman Cerosky asked Mr. Darnell - "This study you made - are you aware that a National Census is being conducted?

Mr. Darnell felt we could not use any part of theirs but they could use ours. Mr. Cerosky then questioned - What can be done to work in cooperation? Mr. Darnell said this Commission might be able to get some funding out of the National Census. Mr. Benowitz said - "Not this year - maybe next year."

In conjunction with the work Mr. Darnell is doing for the Commission Mr. Cerosky stated at our last meeting we had a short talk of what the National Census was doing. We had a resolution drawn up - reading as follows:

> "WHEREAS, the National Census of the Deaf is conducting a census of deaf persons in the United States; and
>
> WHEREAS, there is a serious lack of vital statistical information relating to the numbers of deaf persons in the United States and in the State of New York, their relationship to our society and their percentage in our society; and
>
> WHEREAS, the National Census of the Deaf will promote our awareness of the numbers and problems of deaf persons in the United States and the State of New York and will be beneficial in identifying and solving problems of the Deaf,
>
> NOW, THEREFORE, be it
> RESOLVED, that the State of New York Temporary State Commission To Study the Problems Of The Deaf fully endorses the work and goals of the National Census of the Deaf; and be it further
>
> RESOLVED, that the State of New York Temporary State Commission To Study The Problems Of The Deaf will endeavor to assist and further the work and goals of the National Census of the Deaf."

Mr. C. B. Strail made a motion that the Resolution be adopted - this was seconded by Max Friedman. Motion passed.

Mr. R. O. Morris gave his report - copy of which is attached.

Father Hall asked if we could block out the Governor's veto message. Mr. Morris believed his objections could be overcome. Secondly: the Governor felt there was not sufficient demand from the deaf community for a licensure act. In contacting the PTA in his County Mr. Morris found overwhelming concern for the bill.

Mr. D. C. Dempsey, Counsel, gave his report. He explained his communications re Federal Highway Transportation - and that he was still awaiting an answer to his last letter.

Mr. S. Maltese gave the report on his survey in regards to the Multiply Handicapped not currently in a program. He stated we had forwarded approximately 60 copies of the survey to schools of the deaf and has heard from only a few. Attached is a copy of his report.

Mr. Benowitz reported we will have representatives of the Deaf Community come to our next meeting in Rome and be prepared to speak before the Commission to give us guidance, criticism or what not.

Mr. Benowitz thanked Sister Nora and St. Mary's School for the Deaf for having us and giving the tour.

Before adjournment Mr. Benowitz wanted to announce two short meetings would follow - one a Commission Meeting, the other a Staff Meeting.

The meeting adjourned at 3:30 P. M.

Respectfully submitted,
Eleanor F. Conboy

TEMPORARY STATE COMMISSION TO

STUDY THE PROBLEMS OF THE DEAF

The twenty-sixth meeting of the Temporary State Commission to Study the Problems of the Deaf was called to order by Chairman Richard A. Cerosky at 10:35 A. M., on Thursday, November 19, 1970, at the Rome State School for the Mentally Retarded, Rome, New York. Members and staff in attendance were:

Mrs. Alice Beardsley, Vice-Chairman
Sister Nora Letourneau
Assemblyman Eugene Levy
Senator Jess J. Present
Mr. Carlton B. Strail
Mr. Stanley R. Benowitz, Staff Coordinator
Mr. David C. Dempsey, Counsel
Mr. Robert O. Morris
Mrs. Natalie Perlman, Admin. Asst., N.Y.S. Dept. of Health
Mrs. Joan C. Gable, Research Assistant
Mr. William T. Darnell, Evaluation Specialist-NTID, Consultant
Mrs. Marjorie Clere, Interpreter
Mrs. Eleanor F. Conboy, Secretary to Staff Coordinator

The following guests attended the meeting:

Mr. Robert Nagel, Cap. Dist. Civic Assn. of Deaf
Mr. Mario J Illi, ESAD
Mr. Richard Corcoran, ESAD Secretary
Mr. Alan Molmod, Psychologist NYS School for the Deaf
Mr. J. Jay Farman, Supt. NYS School for the Deaf
Mr. George M. Raus, Med. Spec. - Physiatrist, R.S.S.
Mr. Alan H Catlin, Student, Sociology SUNY/Geneseo and
Tutor, Rochester School for the Deaf
Dr. Maria Sarno, Asst. Dir., R.S.S.
Dr. Charles Greenberg, Dir., R.S.S.
Mr. Clifford C. Leach, Director at Large, ESAD
Mrs. Jessie R. deWitt, RCAD Director

Chairman Cerosky extended the Commission's gratitude to Mr. Robert Wilber and the staff of the Rome State School for the Mentally Retarded for the use of their facilities for the meeting. He thanked all the members of the Commission and Staff for attending the November 5th public hearing in Syracuse to decide whether or not the audiologists/speech pathologists should be licensed in the State of New York. Mr. Cerosky remarked it was a very constructive hearing whereby a great deal of information was heard from all groups. The transcript of the hearing was in the mail as of November 18th. In order to immediately get into the business part of the meeting the Chairman turned the meeting over to Dr. Charles Greenberg, Director of the Rome State School for the Mentally Retarded.

Dr. Greenberg expressed his pleasure for the opportunity to welcome all those present and also for the pleasure in having the experience of talking with Mr. Benowitz and Mr. Darnell on their visits to the school while working on the survey for the Commission. He reminded us that the Rome State

School was one of the nation's oldest and for many years, the largest. It was learned that in 1957 this State School was 50% overcrowded; in 1970 - this number dropped to 16-17% and eventually it would be reduced further to 12%. He added that there were diversified programs for the retardates at this school and he was very fortunate to have the services of the only Board Certified **physiatrist**, Dr. George M. Raus. Further, Dr. Greenberg said Dr. Raus has been training fellow employees to work with the multiply handicapped youngsters and the retardates. He then turned the meeting over to Dr. Raus to tell us of what has been done especially for the hearing impaired retardates.

Dr. Raus began by saying Dr. Greenberg has been interested in and also helpful to the hearing impaired for many years. It was long before he was able to get an organized program for this population at Rome. In his efforts, it was established that there were 150 retardates with profound hearing loss and the problems they had. Dr. Raus added that they had a very sizeable segment of the hearing impaired which would vastly profit from a specifically geared program. It was further learned that at present there were two competent speech pathologists who were preparing an organized program.

Up to now only crude diagnoses were performed. Most suspects were routed through ear, nose, and throat examinations followed by treatment including surgery whenever prescribed. New standard equipment necessary for thorough and complete examinations have been ordered. The staff was looking to a more completely designed program for the deaf residents.

At this point Sister Nora questioned Dr. Raus: "Are you considering hiring a trained teacher of the deaf in your program?" Dr. Raus answered - "Emphatically deaf."

Dr. Raus discussed further the work being done at the school in a very interesting manner. At the conclusion of his presentation, Chairman Cerosky thanked Dr. Raus for his informative presentation.

The Chairman then called on Mr. William T. Darnell who is conducting the "nose count" at various State Schools. Mr. Darnell referred to the report he had distributed at the meeting in Buffalo, October 15th. He had two more reports for distribution which further detailed the continuance of his work, and elaborated on these. He reiterated that there was indeed a large number of retarded deaf individuals in New York State and the fact that there was no comprehensive statewide program which took into consideration the retarded deaf population.

At this point Mr. Benowitz explained that he and Mr. Darnell are working closely together and have had contact with Mrs. Page, Acting Principal of New York City public school No. 47 where there are 8 classes comprised of mentally retarded deaf students. It was agreed to have the December Commission meeting at that school so the members may have the opportunity to learn more of the problem. Mr. Benowitz also mentioned contacting some personnel at the State Level in Albany to learn more as to what there may be in the area of the deaf retardates. Mr. Darnell added that another year would be necessary to completely research this area of concern for any specific recommendations to the Commission.

Here Chairman Cerosky said he had not time to digest the contents of Mr. Darnell's report. He emphatically recommended the Commission members study the report and at the December meeting ask questions.

Sister Nora remarked that at a Superintendents' meeting at Grossinger's, they discussed Mr. Darnell's initial report. As a reult, the group was emphatic about the deletion of one particular sentence on page 1 - third paragraph, second sentence, i. e. "It is furthermore the policy of schools for the deaf in New York State to deny admission to deaf applicants who are clinically judged retarded."

Mr. J. Jay Farman, Secretary of the Superintendents' group, mentioned that Mr. Benowitz and Mr. Darnell gave a very good presentation at that meeting. He said mental retardation along with deafness is a problem and it has long been a problem. He added further that the Superintendents were very happy that the Commission for the Deaf had decided to entertain this area of concern as one of their studies. It was noted that the Department of Education is being urged to establish a program in which such children could be adequately trained. He said the results of this study and what efforts are put forth will have an emphatic effect on the schools throughout the State of New York. Mr. Farman reiterated that as Superintendents of the Schools for the deaf, they supported the Commission's program and hoped it would continue so something can be done for the deaf.

General discussion ensued.

The question was raised that if a state program was established by the Department of the Mentally Retarded, would this cut out the possibility of such individuals now in schools for the deaf being admitted. It was stated that such a state program should be a free-standing type so as to have the leeway to assign any children to that program that should be in such a program.

It was expressed by Mr. Cerosky that before Mr. Darnell's report is finally made as part of the records it was in order a revision or deletion be made of the questionable sentence raised by the Superintendents' group.

Dr. Raus mentioned here that the personnel of the Rome State School for the Mentally Retarded are prepared for work with the deaf or any retarded deaf individuals. Dr. Greenberg went on to say that 10 years ago he suggested working with the New York State School for the Deaf but keeping such retardates in a separate unit at the Rome State School. He saw no reason why there can not be a sub-division for this certain type of program without having to do with court proceedings for any transferrals.

General discussion followed. Chairman Cerosky directed Mr. Benowitz to assign a staff member to report at the next Commission meeting any proposals based on Mr. Darnell's research so that the Commission might consider one or more for adoption by the body. Mr. Farman added the fact that many children are denied to some existing programs designed for the "normal" deaf ones within the frame work of our schools. He reiterated, however, there were many actual things going on because of the additional problems some children had.

Chairman Cerosky reported that as a result of the Syracuse hearing (November 5, 1970) he reviewed the bill which the audiologists presented for licensure. He added that the hearing was inconclusive because the audiologists did not furnish any pertinent information to justify such a bill. It was pointed out there was a change of heart regarding who could use the audiometric testing tools. Mr. Cerosky recommended that Mr. Dempsey and Mr. Morris meet further with both the hearing aid dealers and the audiologists to bring both bills together so as to arrive at the proper legislation for mutual endorsement.

Mr. Dempsey added that the audiologists have yet to present substantive information and he noted a certain amount of disagreement among the audiologists themselves. Senator Present suggested that the audiologists be approached for a more definite agreement on the justification and type of a bill to license such a group as theirs. It was the consensus of the Commission to act separately on both bills - the one for the hearing aid dealers and the other for the audiologists/speech pathologists.

The Chair announced that the Commission would pursue the bill that was introduced in the last session of the Legislature re the hearing aid dealers. It instructed the Counsel to iron out any problems and prepare the same for reintroduction. The Chair announced no further action be expended on the other bill until a transcript of the Syracuse hearing was received. Then the Commission would atate its position.

The Chairman declared a lunch recess at 12 o'clock. The Commission reconvened at 1:30 P. M., at which time Mr. Robert Wilber, Chief of Services, explained further the workings of the Rome State School for the Mentally Retarded. After this, Chairman Cerosky thanked Dr. Greenberg for the use of the facilities which was enjoyed greatly.

At this point, Chairman Cerosky asked Mrs. Beardsley to introduce the representatives of the Empire State Association for the Deaf. He then allowed Mr. Mario Illi to express the thoughts of the group. (A copy of Mr. Illi's presentation is attached.) Mr. Cerosky thanked him for his interest and participation.

Mr. Cerosky noted that a year and a half ago we engaged someone to handle the publicity for the Commission to show what the Commission was trying to do. It was successful to a point where we received a great deal of commendable appreciation. We now have a list of between 300 and 350 who receive this information and we add new names to our mailing list continually. The information is sent out every couple of weeks and in this way we are trying to let the deaf know what we are doing. Previously we had received serious criticism in that the Commission was not accomplishing anything. It seemed to Mr. Cerosky this has faded in the last year and a half and the legislature now has a sounding board for the deaf people of the State. Also, Mr. Cerosky believed, that departments functioning in New York State, dealing with the deaf are much more cognizant of what is going on and are working with the Commission. Thus, those serving the deaf and members of the legislature are working on the Commission's recommendations. Mr. Cerosky said he knows this to be a fact and that we are making a great deal of headway. He asked that the members bring this information back to their groups and the communities.

Mr. Richard Corcoran, Managing Editor of the ESAD News said he does receive the releases. He questioned if "we just distributed the minutes to the Commission members only." We distribute to 16 Commission members and 21 Staff members plus Dr. Harro and Mrs. Perlman," was the answer. At this time Mr. Cerosky wanted to address himself to the first speaker of the ESAD group - Mr. Illi - involved with facilities. He commented - previously Sr. Nora very ably handled the Committee to work on education of the deaf; not only the deaf but also the deaf retarded. Mr. Cerosky said the suggestions Mr. Illi made were very welcome. He commented on the idea of a high school for the deaf was not particularly new that this came up a year and a half ago. He believed this Commission should study the possibility of such a recommendation. Relative to the Red Lights on Emergency Vehicles - this bill passed both houses and was signed into law. We are procuring copies of the bill.

Relative to the status of the Commission - Mr. Cerosky said the Commission was originally born as a Commission with Problems of the Deaf on a temporary basis. We are studying the practicality and feasibility of the Commission presenting to the legislature that this should be a permanent Commission with a permanent staff. He hoped by the next meeting that we will have a more comprehensive report for the Commission. He believed it should be recommended to the next legislature what can be done about the future of the Commission. He stated as much as we would like permanency - very frankly, it was even questionable whether it will be extended for one year. Whether or not this will be passed at the next session he did not want to forecast. The staff was working in an effort to see if we could attain some permanency, Mr. Cerosky added.

Mr. Benowitz stated he would like to thank Mr. Illi for his appearance and make these following observations:

1st - The use of total communication in the schools: That the Education Department refuses to buy this is not a true accusation. I don't believe the Education Department would interfere.

2nd - In relation to the City Board of Education seeing that a deaf person serves on the local Board of a School. I don't think the Education Department could do this.

Mr. Cerosky stated - we often run into this problem. At the last meeting held in Buffalo we had Adrian Levy address our group. It is known there was a vacancy that existed and still exists. The Commission is concerned with the filling of this position and interested that it be filled by someone deaf or who has had a good deal of association with the deaf community. Dr. Levy contended it would be desirous to have such a person and he was anxious the one who qualified would be a deaf person. In other cases other than the Rome State School for the deaf the Department of Education does not have a say.

General discussion.

Mr. Cerosky called on Mrs. Gable for her report. (See attached.)

General discussion followed the report and Mr. Cerosky stated - "I hope a more comprehensive report will be forthcoming at the next meeting. The Commission will decide just what it should do and where it should go."

The meeting adjourned at 3:03.

Respectfully submitted,
Eleanor F. Conboy

TEMPORARY STATE COMMISSION TO

STUDY THE PROBLEMS OF THE DEAF

The twenty-seventh meeting of the Temporary State Commission to Study the Problems of the Deaf was held at the School for the Deaf, Jr. High School 47, in New York City, on January 21, 1971. The following members and Staff were in attendance:

Mrs. Alice Beardsley, Vice Chairman
Sister Nora Letourneau
Assemblyman Eugene Levy
Mr. Max Friedman
Mr. Carlton B. Strail
Mr. Fred O. McGrath
Mr. Stanley R. Benowitz, Staff Coordinator
Mr. David C. Dempsey, Counsel
Mr. Robert L. Marinelli, Assistant Counsel
Dr. Dale E. Harro, N.Y.S., Department of Health
Mrs. Natalie Perlman, Admin. Asst., N.Y.S., Department of Health
Mrs. Joan C. Gable, Research Assistant
Mr. William T. Darnell, Evaluation Specialist-NTID, Consultant
Dr. Philip Kamins, Associate Program Analyst, Dept. of Mental Hygiene
Mr. James Julier
Mrs. Marjorie Clere, Interpreter
Mrs. Eleanor F. Conboy, Secretary to Staff Coordinator

On arrival of the Commission and Staff members at the School at 10:30 A. M., Acting Principal Mrs. Helen Page welcomed them in the Auditorium. Since the schedule was a tight one and one during which much information was to be imparted no delay was experienced in her detailing of the purpose and accomplishments of the School. Statistics were conveyed and material passed out to each for his information. Questions were welcomed and easily answered. Faculty members of the school, who were to act as guides, were introduced. The visiting members were divided into groups and escorted through the building to observe the pupils at work in their different tasks and class rooms. They were invited to take part in the gym work which every one did, and enjoyed it. Lunch prepared at the School and served by the girl students was a delicious and delightful interlude.

At 1:30 the members were directed to one of the rooms for our meeting. Before it convened Mr. Benowitz explained that Chairman Cerosky could not be present because of another commitment but that he had requested to have the Commissioners decide on legislation for both a Permanent and Temporary Commission for the Deaf and to discuss the Hearing Aid Dealers; Audiologists; and Baby Bills. Mr. Benowitz then introduced Dr. Philip Kamins.

Mr. Benowitz then turned the meeting over to Mrs. Alice Beardsley, Vice Chairman of the Commission, who conducted the official meeting. She called on Mr. Darnell, Evaluation Specialist, to give a further report on his activities. As a result of the combined research by Mr. Darnell, Mrs. Gable and Mr.

Benowitz, a recommendation was made that the State Mental Health Department be authorized to have Mr. Robert Hayes, Associate Commissioner, Division of Retardation, have a meeting and include personnel from schools for the deaf, representatives from the Commission and other departments. Mr. Darnell was instructed to prepare some proposal form of a program for consideration as a result of his research.

Mr. Benowitz explained that direction was needed from the Commissioners to go ahead fully with what we have started or go ahead with their wishes for the report to the Governor and Legislature.

A motion was proposed by Mr. Carlton B. Strail that Mr. Hayes accept the project as recommended. Sister Nora seconded the motion.

Sister Nora asked Mr. Darnell, in the proposed program, would there be just the people at Rome or from other programs as well.

Mr. Darnell replied there are 2500 patients in New York State. He would go to the various State schools and pick those best suited. We have some situations in State Schools for the Deaf which may fit in such a program.

Sister Nora asked - "If you are looking for a group that really wants to prove this to be a beneficial program, do you want to limit it as to age?" Mr. Darnell said, "Yes" - "from 4 or 5 to 35 or 40."

Mr. Friedman wanted to know "Do I understand you want only the educable retarded?"

Mr. Darnell said "No - trainable and educable." A general discussion followed with clarification by Mr. Darnell.

Mr. Dempsey, Counsel, was called on for information regarding the Hearing Aid Dealers Bill. He stated the bill would have to be drastically modified. The Hearing Aid Dealers want us to incorporate our bill in the Corporation Bill. One drawback was the nature of the examination prescribed in the legislation for the Hearing Aid Dealers. They want that problem eliminated.

Our bill will be much simplified. Dr. Gillis is to receive a copy of the bill so that they can adjust their bill to this legislation. Mr. Dempsey said the Hearing Aid Dealers bill will be ready in time to be in the Legislature by February 1st.

The Professional Corporation Act was qualified by Mr. Dempsey for Sister Nora by stating they hope to standardize many administrative procedures so all boards will act uniformly. Each professional group has its own board. Each different corporation will tell how many are to be on the Board. The Board of Regents will study who is going to be on the Board.

Mr. Dempsey asked for the Commissioners' approval to proceed with the Hearing Aid Bill and Audiologist Bill in order to get them introduced. A motion was made by Commissioner Fred McGrath seconded by Commissioner Carlton B. Strail to proceed. Mr. Dempsey explained further that the only opposition to our present bill was the qualifications for examination.

Staff Coordinator Benowitz asked if we will see a copy of the bill beforehand. Mr. Dempsey said "Yes."

Mr. Dempsey explained our discussions with the audiologists have been that this would go in as a package so we won't be working against one another. The motion carried.

A motion to proceed with the Audiologist Bill was made by Commissioner Strail, seconded by Sister Nora. Carried.

Mr. Marinelli was called on next by Mrs. Beardsley for his report on the "Baby Bill" legislation. He had prepared a report to review and update the status of Commission efforts in sponsoring legislation. Four points were emphasized:

1 - The budgetary implications of the bill.

The appropriation of $200,000 without much justification.

2 - There have been expressed doubts on the value of the program; the concept of training people that young being workable.

3 - The first year we didn't have the Education Department backing. The second year we held hands with the Education Department but in typical form they failed to support it. There was no support in the Health Department. Dr. Bahlke has received a copy but has not indicated any feelings.

4 - Most minor. Some criticism that our bill should not be limited only to the deaf children under three. It should not be only for the deaf but for all handicaps.

His recommendation is if we are going to reintroduce this bill we have got to meet these problems and we can meet them with a very supportive program about the doubts, financial implications.

Discussion followed.

Commissioner Levy stated the problem is two-fold: Legislation, and, a tough year for dollars.

It was mentioned that there was the budgetary significance - we have Federal money, so why should the State appropriate any?

Commissioner Levy wondered if we could get federal money and ask about the possibility of designing some legislation to get money assigned for this specific purpose.

Mr. Marinelli found almost unanimous support for this program although the need isn't as great as it was when the rubella babies were coming up to that level.

Sister Nora made a motion that we reintroduce the Baby Bill, because the need is there. After general discussion this motion was seconded by Commissioner McGrath.

Mr. Marinelli inquired who is introducing our bills?

This is to be followed through by Mr. Benowitz who is to get in touch with Mr. Cerosky and Mr. Duryea.

At this point the motion was passed.

Mrs. Gable was called on next by Mrs. Beardsley for her report.

Mrs. Gable stated at the last meeting she had furnished a resume proposal that the Commission become a Permanent Commission. At this time Mrs. Gable wanted to go over some of the alternatives that might exist -

Therefore, it was necessary to get an agreement among the Commission members as to what exactly the purpose of the Commission is to be or how it is to be changed in future legislation. Mrs. Gable suggested that it should function as a coordinating body in order to stimulate new programs on state wide level.

Here Mr. Marinelli said the reasons for the existence of the Commission were and are the Problems of the Deaf. Being temporary you cannot hire trained personnel. You have to have the kind of people, researchers, etc., we can ask to do that. We need life of more than one year.

Commissioner Strail asked Mrs. Gable - "Do you feel there should be a Permanent Commission without legislators being concerned for membership?"

Mrs. Gable explained - the major purpose will be to study and investigate the problems of the deaf - particularly the coordination of any activities which would relate to the area of deafness.

Then Mr. Strail asked - "Will that proposal be one bill without an alternate bill?"

Coordinator Benowitz said we should hope several alternates for both Permanent or Temporary, so that the bills can be introduced.

Commissioner McGrath raised the question - "Could this Commission, in its present make-up, still be Temporary and go beyond one year? Say two or three years?"

Mrs. Gable said - "Temporary Commissions are renewed at the end of each legislative year."

The question was raised then by Mrs. Gable - "Do you feel that the Commission should be doing something different to what it has been doing to date?" "Besides getting the bills passed?"

Here several suggestions were given for consideration:

1 - We could keep the status quo and remain a Temporary Commission and look into the possibility of a two or three year term. But, basically,

you would submit a Temporary Commission report at the end of each year and would need an appropriation each year.

2 - To become a bureau with a State existing department. The Commission of the Blind started out as a part of the department of Social Services. The problem is activities are relegated to areas of interest of that State Department. Coordination would be limited to activities of that department. The State Department believes this would be ineffective.

Mr. Strail asked - if the Commission in any State Department would be located so that we would be free to go into depth with new projects or what? The permanent Commission in the Executive Department would have much more latitude. It would be under the Governor's direct supervision and, thus, would be able to coordinate with other State Departments.

Mr. Friedman stated he would like to have the same authors rewrite the proposal for a Permanent Commission. Mrs. Gable explained - if you decide to go for a Permanent Commission there were changes already to suggest.

Commissioner Strail remarked he had strong feelings about the Commission becoming Permanent.

To go on - Mrs. Gable said - another alternative would be to ask for the establishment of an advisory committee to the Governor.

And the last recommendation - A Permanent State Commission located in the Executive Office.

It was mentioned if we do draft legislation for a Permanent State Commission we should also draft legislation for a Temporary State Commission.

Mrs. Gable noted the 1969 March Report has the draft of a bill for a Permanent Commission discussed by Mr. Marinelli.

Mrs. Page stopped in at this point to thank us for coming. She was very glad to have us and is hoping the Commission will be working with them again another year or more.

The question was raised if three deaf members are appointed to the State Commission is it necessary to provide the Governor with a list of names of deaf persons provided by the ESAD?

Mr. Marinelli stated it is customary to have interested parties select names from a list.

Mrs. Gable questioned - "Do you feel the Governor should select from a list?"

Sister Nora queried - "Could the Temporary Commission make recommendations?"

At this juncture Mr. Dempsey remarked - This Commission would have expired by March 31, 1971.

Commissioner Strail feels the ESAD should be used as a research group.

Mrs. Gable mentioned representatives from the State Department be included on the Commission, suggesting now there could be an advisor from the State Department or State Schools for the Deaf who would act in an advisory capacity.

Sr. Nora asked - "Does this mean State Schools for the Deaf be excluded from the Commission?" The answer was - "No."

Responding to a question from Sister Nora - Mrs. Gable said the Chairman would have the right to appoint such staff to carry out the goals of the Commission.

Mr. Benowitz suggested that Mr. Marinelli work with Mr. Dempsey to draft legislation for a Temporary Commission.

At this point Dr. Kamins asked to be excused and extended his appreciation for having been invited to the meeting.

It was made known at the meeting that Assemblyman V. Sumner Carroll had been appointed to the Commission and it was expected that he would succeed Mr. Cerosky, as Chairman.

The next meeting was tentatively set for February 25th but this date had to be changed to March 4th. The Assembly Parlor in the Capitol will be the location and the time 10:00 A. M.

Following motion made and seconded the meeting adjourned at 4:05 P. M.

Respectfully submitted
Eleanor F. Conboy

APPENDIX D

Act to Amend the Education Law in Relation to Licensing of Hearing Aid Dealers and Fitters.

ASSEMBLY 6908 - Introduced by RULES COMMITTEE (request of V.S. Carroll)

AN ACT to amend a chapter of the laws of nineteen hundred seventy-one entitled "AN ACT to amend the education law, the civil practice law and rules, in relation to the regulation and practice of certain professions; to continue the dental society of the State of New York and the podiatry society of the State of New York and repealing sections one hundred twelve, two hundred eleven, and title eight of the education law."

The People of the State of New York, represented in Senate and Assembly do enact as follows:

Section 1. Title eight of the Education Law is hereby amended by inserting therein a new article to be article, one hundred fifty-seven, to read as follows:

ARTICLE 157

HEARING AID DEALERS AND FITTERS

ITALICS

Section 8000. Introduction.
8001. Definition of practice of fitting and dealing in hearing aids.
8002. Definition of hearing aid.
8003. Practice of fitting and dealing in hearing aids.
8004. State board for hearing aid dealers and fitters.
8005. Requirements for a professional license.
8006. Limited permits.
8007. Exempt persons.
8008. Special provisions.

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# 8000. Introduction. This article applies to the profession of fitting and dealing in hearing aids. The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

# 8001. Definition of practice of fitting and dealing in hearing aids. The practice of fitting and dealing in hearing aids means the sale or distribution of hearing aids or the measurement of human hearing by means of an audiometer or by any means solely for the purpose of making selections, adaptations or sale of hearing aids. The term includes the making of impressions for earmolds.

# 8002. Definition of hearing aid. The term hearing aid means any instrument or device designed for, or represented as, aiding, improving or correcting impaired or defective human hearing or compensating for impaired or defective human hearing, including ear molds, but as used herein shall not include batteries, cords and accessories.

# 8003. Practice of fitting and dealing in hearing aids. Only a person licensed or exempt under this article shall practice the fitting and dealing in hearing aids or use the title "hearing aid dealer" or "hearing aid dealer and fitter".

# 8004. State Board for hearing aid dealers and fitters. A State Board for hearing aid dealers and fitters shall be

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appointed by the Board of Regents on recommendation of the Commissioner for the purpose of assisting the board of regents and the department on matters of professional licensing and professional conduct in accordance with section sixty-five hundred eight of this title. The board shall consist of not less than five hearing aid dealers and fitters, two otolaryngologists and two audiologists licensed as provided herein. Each hearing aid dealer and fitter on the board shall be licensed and have practiced in this State for at least five years, as provided under this article. Each otolaryngoligist shall be a physician who confines his practice to the problems of the ears, pharynx, larynx, naso-pharynx, and tracheo-bronchial tree and is qualified to do so by reasons of training acceptable for admission to the examination of a recognized American Board in this specialty or equivalent training. An executive secretary to the board shall be appointed by the Board of regents on recommendation of the commissioner.

# 8005. Requirements for a professional license. 1. To qualify for a license as a hearing aid dealer and fitter, an applicant shall fulfill the following requirements:

(1) Application: file an application with the deaprtment;

(2) Education: have completed at least a high school education and such other study as shall be in accordance with

the commissioner's regulations:

(3) Experience: have experience satisfactory to the board and in accordance with the commissioner's regulations:

(4) Examination: pass an examination satisfactory to the board and in accordance with the commissioner's regulations:

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(5) Age: be at least twenty-one years of age:

(6) Citizenship: be a citizen of the United States or have filed a declaration of intent to become a citizen:

(7) Character: be of good moral character as determined by the department: and

(8) Fees: pay a fee to the department for admission to the examination and for initial license of eighty dollars, for each re-examination thirty dollars, and for each biennial registration thirty dollars.

2. A person with a Masters Degree in Audiology from an accredited college or university, who has completed specified course work with major stress in audiology and with emphasis also on speech pathology, related areas and the management of hearing disorders and related language and speech disorders, the training to include appropriate supervised experience satisfactory to the department and including appropriate supervised experience, or equivalent training experience, may qualify for license without examination upon payment of an application fee of thirty dollars and compliance with provisions (1), (5), (6) and (7) of this section.

# 8006. Limited permits. Permits limited as to practice and duration shall be issued by the department to eligible applicants, as follows:

(1) The person shall fulfill all except the examination requirement for a license as a hearing aid dealer and fitter.

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(2) Limit of practice. A person issued a limited permit shall practice only under the direct supervision of a licensed hearing aid dealer and fitter.

(3) Duration. A limited permit shall be valid for two years. It may be renewed once for a period of six months.

(4) The fee for each limited permit and renewal thereof shall be twenty dollars

# 8007. Exempt persons. This article shall not be construed as prohibiting:

(1) The practice of any other professions licensed or registered under this title.

(2) (a.) Any person who engages in clinical practice under the supervision of a physician or a licensed hearing aid dealer and fitter as part of a program in any registered school or in a hospital or not for profit institute: or

(b.) An unlicensed person from performing solely mechanical work upon inert matter relating to hearing aids or instruments in a hearing aid office, laboratory or shop.

(3) Any person, corporation, partnership, trust, association maintaining an established business address from engaging in the business of selling or offering for sale hearing aids at retail without a license, provided that it employs only properly licensed persons in the direct sale and fitting of hearing aids.

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# 8008. Special provisions.

(1) Every person engaged in the practice of fitting and dispensing of hearing aids upon the effective date of this article shall be issued a license by the department, if he is a person of

good moral character, twenty-one years of age or older, and has been engaged in the practice of dispensing hearing aids in the state for at least two years, provided such person pays the fee specified for such license to the department. Applications for a license under this section shall be submitted within two years of the effective date of this Article.

(2) Whoever practices fitting or sale of hearing aids shall deliver to each person supplied with a hearing aid a receipt The receipt shall contain the licensee's signature and show his business address and the number of his certificate. If such hearing aid is not new the receipt shall contain specifications as to the make and model of the hearing aid and the container for the hearing aid must be clearly marked as "used" or "reconditioned" whichever is applicable, with terms of guarantee, if any,

(3) The commissioner is authorized to establish regulations to carry out the purposes of this article, including but not limited to the regulation of the testing, fitting, sale or advertisement of hearing aids by licensed hearing aid dealers and fitters or their employers and the establishing of standards for such tests, fittings and hearing aids, and for the sale of hearing aids. Any violation of regulations and standards shall constitute a violation of this Title.

(4) Any person, firm or corporation engaged in the business of selling hearing aids shall employ only persons licensed or exempt under this Article to practice the fitting and dealing in hearing aids and a violation of this provision shall be a Class A misdemeanor.

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Section 2. The hearing aid dealers and fitters of the first board appointed shall have not less than five years of experience and shall fulfill all the qualifications for a license as provided for in section eight thousand five of this Article.

Section 3. This act shall take effect September first next succeeding the date on which it shall have become law.

APPENDIX E

Act to Amend the Education Law in Relation to Licensing of Audiologists and Speech Pathologists

February, 1971

AN ACT to amend the education law, in relation to the licensing of speech pathologists and audiologists,

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The education law is hereby amended by adding thereto a new article, to be article one hundred fifty-five, to read as follows:

ARTICLE 155

SPEECH PATHOLOGISTS AND AUDIOLOGISTS

Section 7800. Definitions.
7801. Board of speech pathologists and audiologists.
7802. Qualifications; standards; examinations; licensure under special conditions.
7803. Registration.
7804. Revocation or suspension.
7805. Prohibitions.
7806. Violations.
7807. Construction.
7808. Practice of medicine unauthorized.
7809. Reciprocity.
7810. Separability clause.

7800. Definitions. As used in this article:

1. "Speech pathologist" shall mean a person representing himself to the public by any title incorporating words such as "speech pathology," "speech therapy," "speech therapist," "speech clinic," "speech center," "speech teacher," or any other term pertaining to the correction of disorders of voice, language and/or speech, and under such titles offers to

render or renders clinical services to individuals or to the public.

2. The term "speech pathology services" within the meaning of this article refers to any services if the words "speech pathology," "speech pathologist," "speech correction," "speech correctionist," "speech therapy," "speech therapist," "speech clinic," "speech clinician," "speech teacher," "speech center," are used to describe such clinical services or any other services pertaining to the evaluation and/or correction of disorders of voice, language and/or speech, by the person or organization rendering or offering them.

3. "Audiologist" shall mean a person who represents himself to the public by title or by description of services, methods, or procedures as one who evaluates, examines, treats or counsels persons suffering from disorders or conditions affecting hearing or assists persons in the perception of sound. A person is deemed to be an audiologist if he provides such services to the public for remuneration under any title incorporating the terms "audiology," "audiologist," "audiological," "hearing clinic," "hearing clinician," "hearing therapist."

4. The term "audiological services" within the meaning of this article, refers to any services if the word "audiology," "audiologist," "audiological," "hearing clinic," "hearing center," "hearing clinician," "hearing therapist," are used by the person or organization offering them to describe clinical services pertaining to the determination of the extent and nature of hearing impairment and the management of handicaps associated therewith.

5. "The practice of speech pathology and audiology" shall mean the application of principles, methods, and procedures of measurement, prediction, diagnosis, testing, counseling, consultation, and instruction related to the development and disorders of speech, language, and/or hearing for the purpose of modifying speech, language, and/or hearing.

6. "Department" shall mean the education department of the state of New York.

7801. Board of speech pathologists and audiologists.

1. The board of examiners of speech pathologists and audiologists is hereby created. Such board shall consist of at least seven members who shall be appointed by the regents.

2. Each member of the board shall be a citizen of the United States, a resident of this state at the time of appointment and qualified to meet the provisions of this article, as speech pathologists and/or audiologists, except for the members comprising the board as first appointed who shall be persons who have been engaged in rendering service, teaching, or research in speech pathology and/or audiology for a period of at least five years. To assure adequate representation of the diverse fields of speech pathology and audiology, the board shall at all times, except for vacancies, have three members who engage in rendering service in audiology and four members who engage in rendering service in speech pathology. The term of office of each member of the board shall be for three years, provided, however, that of the members first appointed three shall be appointed for terms of one year, two for terms of two years, and two for a term of three years. The regents may remove any member of the board for misconduct, incompetency or neglect of duty, after being given a written statement of the charges and an opportunity to be heard thereon. Any vacancy in the membership of the board occurring otherwise than by expiration of term shall be filled for the unexpired term from a list of candidates submitted by the New York State Speech and Hearing Association. Each member of the board shall receive a per diem allowance as determined by the regents for the time spent in the performance of his official duties and shall be reimbursed for all proper traveling and incidental expenses in carrying out the provisions of this article.

3. The board shall hold a regular annual meeting at which it shall

select from its members a chairman and a vice-chairman. Other regular meetings shall be held at such times as the rules of the board may provide and such special meetings as may be necessary or advisable in the judgment of the board or a majority thereof, or upon the call of the department. Notice of such meetings shall be given in such manner as provided in the rules. The board shall have the power to make rules not inconsistent with law, as may be necessary in the performance of its duties. A quorum of the board shall consist of a majority of its members. The secretary of the board shall be appointed by the board and shall hold office during their pleasure, and shall receive an annual salary in an amount fixed by the board, within the amount available therefor, and shall have such powers and shall perform such duties as are prescribed.

7802. Qualifications; standards; examinations; license under special conditions.

1. Upon approval of the board, the department shall issue a license as speech pathologist and/or audiologist to any person who pays a fee of twenty-five dollars for each license, who at the time of the effective date of this article submits evidence that he is a resident of the state of New York or is employed in the state of New York, and is in possession of the American Speech and Hearing Association certificate of clinical competence in speech pathology and/or audiology, or is in possession of the academic and experiential requirements for the American Speech and Hearing Association certificate of clinical competence in speech pathology and/or audiology or is presently a regular member of the New York State Speech and Hearing Association.

2. Examinations for all other applicants under this article shall be held by the board twice each year. The board shall determine the subject and scope of the examination. The examination shall include those subjects taught by the academic programs in colleges and universities approved by the "American Board of Examiners in Speech Pathology and Audiology of the American Speech and Hearing Association." Written examination may be supplemented by such oral

or practical examinations as the department shall determine upon recommendation of the board. The board's decision is final in any examination. If an applicant fails his first examination, he may be admitted to a subsequent examination upon the payment of an additional fee of twenty-five dollars. Such applicant shall satisfy the board that he:

a. Is at least twenty-one years of age.

b. Is of good moral character.

c. Is a citizen of the United States or has legally declared his intention of becoming one.

d. Is in possession of the academic and experiential requirements for the American Speech and Hearing Association certificate of clinical competence in speech pathology and/or audiology.

3. The board may recommend the granting of a license without examination to any person who submits credentials that conform to the board's policies and is a resident of the state of New York or employed in the state of New York and has certification in the American Speech and Hearing Association or its equivalence and who has at least four years of experience in the areas of certification. The experience must have been supervised by an individual who meets the academic and experiential requirements as set forth in subdivision of this section.

7803. Registration.

1. As soon as practicable after the time this article takes effect and, not later than February first, nineteen hundred seventy-two, the department shall mail to each person who has received a license under this article an application blank for registration under this article, which shall contain space for the insertion of his name, office and home address, date and number of his license and such other information as the department shall deem necessary. Upon receipt of such application blank, he shall fill out, sign and forward same to the department, together with a fee of six dollars for each license.

Upon receipt of such application and fee, the department shall issue a certificate of registration for the period expiring on the thirtieth day of April, nineteen hundred seventy-four.

2. On or before the first day of February of each even-numbered year, commencing in nineteen huhdred seventy-four, the department shall mail to every speech pathologist and audiologist registered in this state,an application blank for registration, which shall contain space for insertion of information as required by the department, addressing the same in accordance with the post office address given at the last previous registration. Upon receipt of such application blank a registrant shall fill out, sign and forward the same to the department, together with a fee of six dollars for each license. Speech pathologists and audiologists who become licensed subsequent to May first, nineteen hundred seventy-three or subsequent to the first year of any biennial registration period, shall pay a registration fee of three dollars for each license. Upon receipt of such application and fee, the department shall issue a certificate of registration, for the balance of the period ending the biennial registration period during which such certificate shall have been issued.

3. Applications for renewal of registration therefor must be made biennially on or before the first day of May in each even-numbered year and if not so made an additional fee of one dollar for each thirty days of delay beyond the first day of May shall be added to the regular fee for each license. Such penalties may for good cause shown in the discretion of the counsel for the department be remitted and compromised. Should any speech pathologist or audiologist who has failed to register continue to represent himself as a speech pathologist or audiologist beyond the first day of September thereafter, he shall be counted as violating this article and his certificate may be suspended or revoked by the department, in accordance with the provision of section seventy-eight hundred four.

7804. Revocation or suspension.

1. The license of any speech pathologist or audiologist may be suspended or revoked or the licensed speech pathologist or audiologist may be given a censure and reprimand by the commissioner upon proof that the speech pathologist or audiologist:

a. has been convicted of a felony by any court; the conviction of felony shall be the conviction of any offense which if committed within the state of New York would constitute a felony under the laws thereof; or

b. has been guilty of fraud or deceit in connection with his services rendered as a speech pathologist or audiologist or in establishing his qualifications under this article; or

c. has aided or abetted a person, not a speech pathologist or audiologist, in representing himself as a speech pathologist or audiologist in this state; or

d. has been guilty of unprofessional conduct as defined by rules established by the board of examiners.

2. No license shall be suspended or revoked until after a hearing had before the commissioner or an employee of the department designated by the commissioner upon notice to the speech pathologist or audiologist of at least fifteen days. The notice shall be served either personally or by registered mail and shall state the date and place of the hearing and set forth the ground or grounds constituting the charges against the speech pathologist or audiologist. The speech pathologist or audiologist shall be heard in his defense either in person or by counsel and may produce witnesses and testify in his behalf. A stenographic record of the hearing shall be taken and preserved. The hearing may be adjourned from time to time. The person conducting the hearing shall make a written report of his findings and a recommendation to the commissioner. The commissioner shall review such findings and recommendations and, after due deliberation shall issue an order accepting, modifying, or rejecting

such recommendations and dismissing the charges or suspending or revoking the certificate. For the purpose of this section, the commissioner and such employee of the department designated by him may administer oaths, take testimony, subpoena witnesses and compel the production of books, papers, records and documents deemed pertinent to the subject of the investigation.

3. The action of the commissioner in suspending, revoking, or refusing to issue a license or renew a registration may be reviewed by a proceeding brought under and pursuant to article seventy-eight of the civil practice law and rules.

7805. Prohibitions.

1. No individual or organization, other than those licensed under this article except as otherwise provided in this bill, shall render or offer to render speech pathology and/or audiology services as defined in section seventy-eight hundred of this article. No individual or business firm or corporation or partnership shall sell or offer to individuals, the public, or to other firms or corporations for any remuneration any speech pathology services or audiology services as defined in section seventy-eight hundred of this article, unless such services are performed by individuals duly and appropriately licensed hereunder or are performed by individuals who hold the baccalaureate degree with a major emphasis in speech pathology and/or audiology and are pursuing the practicum or experiential requirement as set forth in section seventy-eight hundred two of this article and are under the supervision of persons licensed hereunder.

2. No individual may employ or use the title "speech pathologist" and/or "audiologist" as defined in section seventy-eight hundred two of this article, or imply in any way that he is licensed by the board created herein, unless he is actually so licensed under this article.

7806. Violations.

Except as hereinafter in this article provided, after July first, nineteen hundred seventy-two, any person not a speech pathologist or audiologist who shall represent himself as a speech pathologist or audiologist as defined in this article, or who shall violate any of the provisions of this article relating to speech pathology or audiology, or having had his license suspended or revoked shall continue to represent himself as a speech pathologist or audiologist, shall be guilty of a misdemeanor and, upon conviction, shall be punishable by imprisonment for not more than six months, or by a fine of not more than five hundred dollars, or by both such fine and imprisonment, and each violation shall be deemed a separate offense.

7807. Construction. Nothing in this article whall be construed to limit:

1. Any specialist in speech pathology and/or audiology employed in a public school or government administered agency to represent himself by the professional title conferred by the administration of such school system or government-administered agency and he may provide such services therein. Students of speech pathology and/or audiology, interns in speech pathology and/or audiology and other persons preparing for the profession of speech pathologists and/or audiologists under qualified supervision in recognized training institutions or facilities may be designated by such titles as "speech pathology intern," "audiology intern," "speech pathology trainee," "audiology trainee," or others clearly indicating such training status.

2. The use of the tools, tests, instruments or techniques which are the common property of the profession of speech pathology and/or audiology and other related professions such as medicine, clinical psychology, nursing, or other persons, who are properly licensed or registered under the laws of the state of New York, so long as these tools, tests, instruments, or techniques are not publicly described or advertised as services.

3. Testing by a hearing aid dealer for the purpose of fitting hearing aids for sale to a customer.

7808. Practice of medicine unauthorized. Nothing herein shall authorize any person to engage in any manner in the practice of medicine as defined in the laws of this state.

7809. Reciprocity. The board shall be empowered to enter into reciprocal agreements with other states or territories of the United States which have certified or licensed speech pathologists and/or audiologists. Any applicant applying under the terms of a reciprocal agreement, on payment of a fee of twenty-five dollars for each license and on filing in the office of the board a true and attested copy of the certificate of license issued by another state with which a reciprocal agreement has been established, shall without further examination, receive the license.

7810. Separability clause. If any section of this article, or any part thereof, shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder or any other section or part thereof.

2. This act shall take effect immediately.

APPENDIX F

Act to Amend the Education Law in Relation to Providing Educational Services for Deaf Children in the State Below the Age of Three Years

STATE OF NEW YORK

5989

1971-1972 Regular Sessions

IN ASSEMBLY

March 1, 1971

Introduced by Mr. V. S. CARROLL—read once and referred to the Committee on Ways and Means

AN ACT

To amend the education law, in relation to providing educational services to deaf children resident in the state below the age of three years, and making appropriation therefor

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The education law is hereby amended by the insertion therein of section forty-two hundred four-a which shall follow section forty-two hundred four, as follows:

§ *4204-a. (1) All deaf children resident in this state, below the age of three, of suitable age and capacity, who shall have been resident in this state for one year immediately preceding the application, or is an orphan whose nearest friend shall have been resident in this state for one year immediately preceding the application, shall be eligible to receive approved educational services in one of the institutions for instruction for the deaf of the state as enumerated in*

Explanation — Matter in *italics* is new; matter in brackets [ ] is old law to be omitted.

sections forty-two hundred one of this law, as well as in such educational programs or other like facilities which shall, in the discretion of the commissioner of education, be certified as eligible to receive such pupils on a day basis only; provided, however, the foregoing requirement as to length of residence in this state may be waived in the discretion of the commissioner of education.

(2) Each deaf pupil so received into any of the approved institutions or facilities aforesaid shall be provided with tuition; and the directors of the institution or facility shall receive an appropriation for each pupil so provided for, in quarterly payments, to be paid by the commissioner of taxation and finance on the warrant of the comptroller, to the treasurer of said institution or facility, on his presenting a bill showing the actual time and number of pupils in attendance, which bill shall be signed by the chief executive officer of the institution, and verified under his oath.

(3) Children placed in any such approved institution or facility, pursuant to this section, shall be maintained therein on a day basis only at the expense of the state for the period of time the school is in session. Further, the commissioner shall approve such expense only if the child attends the facility nearest his legal residence; provided, however, that the foregoing requirement as to the facility the child shall attend may be waived in the discretion of the commissioner.

(4) The commissioner shall promulgate such rules and regulations pertaining to the educational programs for deaf children placed in facilities under the provisions of this section as he shall deem to be in the best interests of such children.

(5) The state education department shall maintain a register of such approved institutions or facilities which, after inspection, it deems qualified to meet the needs of such child for instruction of such child in such institution or facility. Such inspection shall also determine the eligibility of such educational facility to receive the funds hereinbefore specified.

§ 2. The sum of two hundred thousand dollars ($200,000), or so much thereof as may be necessary, is hereby appropriated to the education department out of any monies in the state treasury in a general fund, for the purpose of carrying out the provisions of this act.

§ 3. This act shall take effect the first day of July next succeeding the date on which it shall have become a law.

APPENDIX G

Act to Establish a Permanent State Commission for the Deaf and Hearing Impaired

ASSEMBLY No. 6227 - Introduced by RULES COMMITTEE (request of V. S. Carroll)

AN ACT to amend the executive law, in relation to the creation of a commission for the deaf and hearing impaired in the executive department and prescribing the powers and duties thereof, and repealing chapter six hundred eighty-three of the laws of nineteen hundred sixty-six, entitled "An act creating a temporary state commission to study and investigate the problems of the deaf and making an appropriation for its expenses" and making an appropriation therefor

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The executive law is hereby amended by inserting therein a new article, to be article twenty-seven, to read as follows:

ARTICLE 27

State Commission for the Deaf and Hearing Impaired

Section 740. Establishment of Commission; restrictions term of office; personnel; continuation of functions
741. Advisory council
742. Utilization of other agency assistance
743. Compensation and expenses of Commissioners
744. Report and recommendations

ITALICS

§ 740. Establishment of Commission; restrictions; term of office; personnel; continuation of functions. 1. There shall be established a State Commission within the executive department to be known as the New York State Commission for the Deaf and Hearing Impaired, consisting of eleven persons to be appointed by the governor, within sixty days after passage of this act. Three persons appointed to the Commission shall be deaf and appointed from a list of not less than fifteen names to be submitted to the governor by the Empire State Association of the Deaf, Inc., or its successor. Two additional persons appointed to the Commission shall be representatives from private or voluntary organizations for the deaf or hearing impaired. The Commission shall organize by the selection from its members of a chairman and a vice-chairman.

ITALICS

2. Each member shall be appointed by the governor by and with the advice and consent of the senate for five years, provided, however, that of the members first appointed, three members shall be appointed for a term of five years, two for a tern of four years, two for a term of three years, two for a term of two years, and two for a term of one year. At the expiration of the term of any member of the Commission, his successor shall be appointed for a term of five years. The chairman shall be the chief executive officer of the Commission.

3. The Commission may appoint such officers and agents as may be necessary and fix their compensation within the limits of the annual appropriation,but no person employed by the Commission shall be a member thereof.

4. Vacancies in the Commission, occurring otherwise than by expiration of term, shall be filled for the unexpired term in the same manner as original appointments.

5. The Commission shall be deemed to constitute a continuation of the temporary State Commission to study and investigate the problems of the deaf created by chapter six hundred eighty-three of the laws of nineteen hundred sixty-six, as amended, as to appropriations, rights, powers and duties of that temporary State Commission to study and investigate the problems of the deaf, except as necessarily modified, limited, or expanded by this article.

ITALICS

§ 741. Advisory Council. To advise and give direction to the Commission, there shall be established an advisory council to the State Commission for the deaf and hearing impaired to consist of six persons appointed by the governor who will serve at the pleasure of the governor. These six members shall be representatives from each of the following agencies and organizations: N.Y.S. Department of Health, N.Y.S. Department of Social Services, N.Y.S. Division for Youth, and N.Y.S. Schools for the Deaf. These representatives shall have the same standing, powers, rights and privileges as all other regular Commission members. The governor shall appoint a chairman for the council from these representatives, who will serve at his pleasure.

§ 742. Utilization of other agency assistance. To effectuate the purposes of this article, the governor may authorize any department, division, board, bureau, Commission or agency of the State or of or in any political subdivision thereof to provide such facilities, assistance and data, as will enable the Commission properly to carry out its activities and effectuate its purpose hereunder.

§ 743. Compensation and expenses to Commissioners. The members of the Commission shall receive no compensation for their services, but shall receive actual and necessary expenses incurred by them in the performance of their duties under this article. No state shall be made, however, except after a request for such reimbursement reimbursement/has been audited by the comptroller and paid by the treasurer of the state out of moneys that may be appropriated therefor.

§ 744. Report and recommendations. The Commission shall make an annual report to the governor and legislature which shall include its recommendations and program. When advisable, the Commission shall make an interim report to the governor and the legislature with its recommendations, in order to afford opportunity for the legislature

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to take immediate action thereon

Section 2. Chapter six hundred eighty-three of the laws of nineteen hundred sixty-six entitled, "An act creating a temporary State Commission to study and investigate the problems of the deaf and making an appropriation for its expenses" is hereby repealed.

Section 3. The sum of one hundred and twenty five thousand dollars ($125,000), or so much thereof as may be necessary, is hereby appropriated from any funds in the state treasury in the general fund to the credit of the state purposes fund, not otherwise appropriated, and made available to the Commission, to carry out the provisions of this act. Such moneys shall be payable out of the state treasury on the audit and warrant of the comptroller in the manner provided by law.

Section 4. This act shall take effect immediately.

APPENDIX H

Exhibits and Tables Regarding the Deaf Retarded

Exhibit 1

MEDICAL-PHYSICAL EXAMINATION
(Deaf-Retarded Project)

Patient's Name______________________________
(Last) (First) (Middle)

Hospital______________________

Date______________________
(Year) (Month) (Day)

Case Number__________

Examining Physician______________________

A. General:

Height__________ __________
(Feet) (Inches)

Weight__________
(Pounds)

Sex Male ( ) Female ( ) Color______________________
(White, Negro, Other)

B. Skin:	None	Mild	Moderate	Severe	Remarks:
Eruptions					
Pigmentations					
Scars					

C. Skeletal System:	None	Mild	Moderate	Severe	Remarks:
Axis Deformity					
Scoliosis					
Lordosis					
Pain					
Limitation Of Movement					

D. Extremities:	None	Mild	Moderate	Severe	Remarks:
Deformity					
Limitation Of Movement					
Pain					

E. Respiratory System:	Normal	Abnormal	Remarks:
Nose			
Chest			

F. Circulatory System:	Normal	Abnormal	Remarks:
Blood Pressure			
Heart Rate and Regularity			
Palpation			
Percussion			
Auscultation			
Peripheral			

G. Digestive System:	Normal	Abnormal	Remarks:
Mouth			
Pharynx			
Abdomen and Pelvis			

H. Genito-Urinary System:	Normal	Abnormal	Remarks:
Male Penis			
Scrotum and Testes			
Prostate			
Female External genitalia			
Vagina			
Cervix			
Uterus			
Masses (tenderness, mobility)			

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Exhibit 1 (continued)

I. **Endocrine Glands:**	Normal	Abnormal	Remarks:
Pituitary			
Thyroid			
Adrenals			
Testes-Ovaries			

J. **Cerebrospinal System:**	Normal	Abnormal	Remarks:
Motor Function			
Tone Strength			
Paralysis			
Atrophy			
Abnormal Movement Tremor			
Athetosis			
Clonus			
Other			
Coordination Finger to Nose			
Heel to Knee			
Romberg			
Other			
Reflexes			
Biceps			
Triceps			
Radioperiostral			
Patellar			
Achilles			
Abdominal			

J. **Cerebrospinal System:** (Continued)	Normal	Abnormal	Remarks:
Reflexes:			
Cremasteric			
Plantar (Babinski)			
Hoffman			
Clonus			
Chaddock			
Oppenheim			
Rossilino			
Sensory Function			
Touch			
Pain			
Heat			
Cranial Nerves			
I			
II			
III			
IV			
V			
VI			
VII			
VIII			
IX			
X			
XI			
XII			

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Exhibit 1 (continued)

Remarks:

K. **Chronic Conditions:**	None	Mild	Moderate	Severe
Asthma				
Allergies				
T.B.				
Chronic Bronchitis				
Sinus Attacks				
Rheumatic Fever				
Hardening of the Arteries				
High blood pressure				
Heart trouble				
Stroke				
Trouble with varicose veins				
Hemorrhoids or piles				
Gallbladder or liver trouble				
Stomach ulcer				
Other chronic stomach trouble				
Kidney stones or other symptoms				
Arthritis or rheumatism				
Prostate trouble				
Diabetes				
Thyroid trouble or goiter				
Convulsive seizures				
Repeated back symptoms				
Tumor or cancer				
Chronic skin trouble				
Hernia or rupture				

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K. **Chronic Conditions:** (Continued)	None	Mild	Moderate	Severe	**Remarks:**
Bowel Incontinence					
Bladder Incontinence					
Other					

L. **Impairments:**	None	Mild	Moderate	Severe	**Remarks:**
Vision, even with glasses					
Cleft palate					
Club foot					
Speech					
Cerebral palsy					
Paralysis of any kind					
Others					

M. **Permanent Stiffness or deformity**	**Left**	**Right**	**Remarks:**
Fingers			
Hand			
Arm			
Toes			
Foot			
Leg			
Back			

N. **Missing:**	**Left**	**Right**	**Remarks:**
Fingers			
Hand			
Arm			
Toes			
Foot			
Leg			

Exhibit 2

PATIENT'S NAME________________ (Last) (First) (Middle)
DATE________________ (Year) (Month) (Date)
CASE NUMBER________________

BIRTHDATE________________ (Year) (Month) (Day)
SEX Male ( ) Female ( )
AGE________________ (Years) (Months)
HOSPITAL________________

NAME OF TEST________________
AMPLIFICATION USED Yes ( ) No ( )
EXAMINING PSYCHOLOGIST________________ (Last) (First) (Middle)

RATINGS OF PATIENT BEHAVIOR AND ATTITUDES OBSERVED DURING PSYCHOLOGICAL EXAMINATION

(Deaf-Retarded Project)

1. **EASE OF ESTABLISHING GENERAL COMMUNICATION**

    5 Impossible or almost impossible to communicate
    4 Very difficult -- communications likely unreliable
    3 Difficult — somewhat unreliable
    2 Fairly good -- reasonably reliable
    1 Good to very good — quite reliable

2. **EASE OF MAKING TEST DIRECTIONS UNDERSTANDABLE**

    5 Impossible — doesn't understand what is required
    4 Very difficult — understands very little
    3 Difficult — understanding somewhat unreliable
    2 Fairly good -- reasonably reliable
    1 Good to very good — definitely understands directions

3. **RAPPORT**

    5 Impossible to establish any kind of reliable rapport
    4 Very difficult to establish rapport
    3 Difficult to establish rapport, but some established
    2 Fairly good rapport established
    1 Good to very good rapport established

4. **WORK HABITS — PERSISTENCE**

    5 Very poor or gives up at slightest frustration
    4 Quite poor or only little tolerance of frustration
    3 Only fair or persistence is variable
    2 Fairly good or persists much of the time
    1 Very good or persists until asked to stop or until failure becomes quite obvious

5. **WORK HABITS -- EFFORT**

    5 Little or no application even to initial stages of task
    4 Quite poor even to initial stages of task
    3 Only fair, needs special motivation to apply self, then does
    2 Fairly good effort expended in initial stages
    1 Very good or definitely good effort

6. **INTEREST — INVOLVEMENT**

    5 Shows no interest in task
    4 Shows very little interest in task
    3 Shows moderate interest in task
    2 Shows fairly considerable interest in task
    1 Shows very high interest in task

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7. **INTERPERSONAL — LIKING FOR EXAMINER**

    5 Very hostile or aloof
    4 Fairly hostile or aloof
    3 Moderately friendly toward examiner
    2 Definitely friendly
    1 Easily or quickly friendly

8. **INTERPERSONAL — DEPENDENCE UPON EXAMINER**

    5 Extremely dependent upon E for support, etc.
    4 Markedly dependent
    3 Moderately dependent
    2 Occasionally dependent, somewhat independent
    1 Essentially independent of E for support

9. **KINESIS — GENERAL MOTOR ACTIVITY**

    E Very markedly hyperkinetic or restless
    D Somewhat hyperkinetic
    C Stable or fairly stable, motorically
    B Somewhat lethargic, sluggish, or stuporous
    A Very markedly lethargic, sluggish, or stuporous

10. **EMOTIONAL TONE**

    E Manic or euphoric quality of emotional behavior
    D Hypomanic or slightly euphoric
    C Stable emotional mood
    B Moderately depressed mood
    A Very depressed mood

11. **QUALIFYING NOTES:** (Add any comment to elucidate any of the ratings, when this seems necessary.)

NOTES REGARDING RATINGS:

1. Use a separate rating sheet for each examinee and for each examination.
2. Rate S directly after administration of examination.
3. Compare S against the general population of individuals of S's approximate age, as you would imagine them.
4. Try to rate each trait in terms of specific behavior you have observed during the particular test. Avoid halo effect.
5. Where none of ratings apply, rate on the scale value which best fits the individual, then add any clinical notes to explain the qualifications you would like to express. Do not omit any rating for any individual for any test!

Exhibit 3

PATIENT'S NAME____
(Last) (First) (Middle)

DATE____________________
(Year) (Month) (Day)

SEX Male ( ) Female ( )

CASE NUMBER__________________

BIRTHDATE__________________
(Year) (Month) (Day)

AGE________________
(Years) (Months)

EXAMINING PSYCHOLOGIST____________________________

HOSPITAL____________________________

MICHIGAN PROJECT FOR THE DEAF-RETARDED

SUMMARY RATING SCALE

Based on Total Psychological
Examination Schedule: Tests and Observations

1. DEGREE OF CURRENT INTELLECTUAL IMPAIRMENT
   (Check one. This is an estimate and represents the degree to which you believe the highest obtained I.Q. on any of the tests is below the individual's capacity were his emotional or physical handicaps corrected or compensated for. The steps on the scale are defined as follows:
   5. Very severe, 26 or more points
   4. Severe, 16 to 25 points
   3. Moderate, 6 to 15 points
   2. Slight, not more than 5 I.Q. points
   1. None

2. EASE OF ESTABLISHING GENERAL COMMUNICATION (GENERAL)
   5. Impossible or almost impossible
   4. Very difficult
   3. Moderately difficult
   2. Fairly good
   1. Good to very good

3. RELIABILITY OF GENERAL COMMUNICATION
   5. Varies widely, highly inconsistent
   4. Quite inconsistent
   3. Moderately inconsistent
   2. Slightly inconsistent
   1. Quite inconsistent

4. WORK HABITS -- PERSISTENCE
   5. Very poor or gives up at slightest frustration
   4. Quite poor or only little tolerance of frustration
   3. Only fair or persistence is variable
   2. Fairly good or persists much of the time
   1. Very good or persists until asked to stop or until failure becomes quite obvious

5. INTEREST -- INVOLVEMENT
   5. Shows no interest in task
   4. Shows very little interest in task
   3. Shows moderate interest in task
   2. Shows fairly considerable interest in task
   1. Shows very high interest in task

6. EMOTIONAL TONE -- DEGREE OF DEPRESSION
   5. Very severely depressed
   4. Severely depressed
   3. Moderately depressed
   2. Slightly depressed
   1. No depression evident

7. EMOTIONAL TONE -- DEGREE OF EUPHORIA
   5. Very marked euphoria
   4. Marked euphoria
   3. Moderate euphoria
   2. Slight euphoria
   1. No euphoria present

8. LEVEL OF OVERT ANXIETY
   5. Very severe anxiety shown
   4. Severe anxiety
   3. Moderate anxiety
   2. Slight anxiety
   1. No anxiety manifest

9. LEVEL OF LATENT ANXIETY
   (Inferred from clinical observation)
   5. Very severe
   4. Severe
   3. Moderate
   2. Slight
   1. None

10. AMOUNT OF OVERT HOSTILITY
    5. Very severe hostility manifest
    4. Severe hostility
    3. Moderate
    2. Slight
    1. None

11. AMOUNT OF LATENT HOSTILITY
    (Inferred from clinical observations)
    5. Very severe
    4. Severe
    3. Moderate
    2. Slight
    1. None

12. DEGREE OF EMOTIONAL MALADJUSTMENT -- CHRONIC
    5. Very severely disturbed
    4. Severely disturbed
    3. Moderately disturbed
    2. Slightly disturbed
    1. Good adjustment

13. DEGREE OF EMOTIONAL ADJUSTMENT -- TRANSIENT
    5. Very severely disturbed
    4. Severely disturbed
    3. Moderately disturbed
    2. Slightly disturbed
    1. Good adjustment

14. MOTOR DEXTERITY
    5. Very poor motor control
    4. Fairly poor motor control
    3. Fair motor control
    2. Fairly good motor control
    1. Good to very good motor control

15. USE OF LANGUAGE
    5. Cannot make self understood in language (verbal)
    4. Can get very few ideas communicated
    3. Can communicate fairly well in language
    2. Can communicate well, only very slight handicap
    1. No language handicap discernible

16. LIKEABILITY (How well do you, as the examiner like this individual?)
    5. No liking at all; may even dislike him
    4. Some small liking for him; but feelings are mixed and negative
    3. Neutral; do not dislike or like
    2. Definitely like him a little
    1. Definitely like him a great deal

17. Estimated level of present development ______ to ______
    (Give clinical estimate WITHIN 6 months, if possible, or at least WITHIN 1 year; thus, 6 yrs. 0 mos. to 6 yrs. 6 mos.)

18. Estimated, present I.Q. ______ to ______
    (Give estimated I.Q. limits within 10 points, if possible, using units of 5 or 10 in defining these limits; thus, 70 to 80, or 75 to 85.)

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Exhibit 4

PATIENT'S NAME________________________ SEX Male ( ) Female ( ) DATE____________ CASE NUMBER__________
(Last) (First) (Middle) (Year) (Month) (Day)

HOSPITAL____________________ EXAMINER____________________

PSYCHIATRIC EVALUATION
(SOCIAL ADJUSTMENT)

	Aggressive Tendencies		Schizoid Tendencies
Extremely Maladjusted	5. Extremely aggressive and antisocial. Acts out strong hostile, antisocial impulses. May be psychopathic and very dangerous.	Extremely Maladjusted	5. Extremely withdrawn and asocial. Requires constant strict supervision.
Severely Maladjusted	4. Severely aggressive, frequently acting out hostile, antisocial impulses. May be psychopathic. Frequently disobeys social rules or laws. Requires strict supervision and can be or is potentially dangerous to others or self.	Severely Maladjusted	4. Markedly withdrawn and asocial. Usually requires strict supervision.
Moderately Maladjusted	3. Aggressive, unstable, unpredictable. Sometimes acting out fairly strong hostile impulses, e.g., violent temper tantrums. Possibly psychopathic. Sometimes disobeys social rules or laws. Requires some general supervision with strict supervision during episodes. During outbreaks can be possibly dangerous to others or self.	Moderately Maladjusted	3. Withdrawn, unstable, unpredictabl and sometimes has periods of withdraw Requires some general supervision, pa ticularly during periods of withdrawa
Mildly Maladjusted	2. Aggressive, occasionally acting out hostile, antisocial impulses, e.g., temper tantrums. Occasionally may break social rules or laws, but usually not dangerous.	Mildly Maladjusted	2. Withdrawn, or occasionally withdrawn, but does not require supervisi
Somewhat Maladjusted	1. Adjustment within normal range. Tends to be somewhat aggressive.	Somewhat Maladjusted	1. Adjustment within normal range. Tends to be somewhat withdrawn.
Not Maladjusted	0. Adjustment within normal range with no apparent difficulty in social adjustment.	Not Maladjusted	0. Adjustment within normal range wi no apparent difficulty in social adjustment.

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Exhibit 4 (continued)

PATIENT'S NAME ______________________ (Last) (First) (Middle) SEX Male ( ) Female ( ) DATE ______________ (Year) (Month) (Day) CASE NUMBER ______________

HOSPITAL ______________________ EXAMINER ______________________

PSYCHIATRIC EVALUATION
(TEMPERAMENT)

	Level of Hyperactivity		Level of Hypoactivity
Extremely Hyperactive	5. Extremely hyperactive and unstable. Totally incapable of functioning.	Extremely Hypoactive	5. Extremely hypoactive. Totally incapable of functioning.
Severely Hyperactive	4. Severely hyperactive. Highly unstable, may have short periods of stability, but usually severely hyperactive. Incapable of concentrated functioning except for very brief periods.	Severely Hypoactive	4. Severely hypoactive, may have short periods of some activity but usually severely hypoactive. Incapable of functioning except for very brief periods.
Moderately Hyperactive	3. Moderately hyperactive and unstable. May alternate between periods of normal activity and periods of hyperactivity or may generally exhibit moderate degree of hyperactivity. Functioning, particularly on tasks requiring accuracy of concentration, impaired by hyperactivity.	Moderately Hypoactive	3. Moderately hypoactive. Placid, may alternate between periods of normal activity and periods of hypoactivity or may generally exhibit a moderate degree of hypoactivity. Functioning usually at a very slow pace.
Mildly Hyperactive	2. Mildly hyperactive tending to be somewhat unstable. May show periods of normal activity level with occasional episodes of hyperactivity. Functioning, particularly on tasks requiring accuracy or concentration, somewhat impaired by activity level.	Mildly Hypoactive	2. Placid, tends to be sluggish. May show period of normal activity level with occasional episodes of hypoactivity or may generally exhibit a mild degree of hypoactivity and sluggishness. Functionin particularly on speeded tasks, somewhat impaired. Generally, functioning at a slow pace.
Somewhat Hyperactive	1. Somewhat hyperactive, but within normal range of activity level. No apparent impairment of functioning.	Somewhat Hypoactive	1. Somewhat hypoactive but with normal range of activity level. No apparent impairment of functioning.
Not Hyperactive	0. Functions within normal range of activity level with no apparent impairment of functioning.	Not Hypoactive	0. Functions within normal range activity level with no apparent impairment of functioning.

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Exhibit 4 (continued)

PATIENT'S NAME________________________ SEX Male ( ) Female ( ) DATE____________ CASE NUMBER____________
(Last) (First) (Middle) (Year) (Month) (Day)

HOSPITAL________________________ EXAMINER________________________

PSYCHIATRIC EVALUATION
(EMOTIONAL ADJUSTMENT)

	Level of Behavioral Disorganization		Level of Depression
Extremely Disturbed	5. Psychotic. In general, no contact with reality. Functioning completely impaired.	Extremely Disturbed	5. Psychotic. In general, no contact with reality. Totally unresponsive and unproductive. Requires con· stant supervision.
Severely Disturbed	4. Severe neurotic manifestations. In general, maintains contact with reality, but functioning severely limited.	Severely Disturbed	4. Severe neurotic depression. Functioning severel impaired. Marked absence of interest. Contact with reality maintained, but seriously unresponsive and unproductive. Requires constant supervision.
Moderately Disturbed	3. Some neurotic manifestations. Emotional maladjustment seriously interferes with functioning. Subject to severe disturbance under mild stress.	Moderately Disturbed	3. Marked depression. Functioning impaired with occasional show of interest, responsiveness and productivity. Needs general supervision.
Mildly Disturbed	2. Some interference with efficient functioning. Some mild neurotic manifestations leading to severe disturbance under moderate to severe stress.	Mildly Disturbed	2. Some depression, less marked. May function quit normally except in specific stress situations when need for supervision may be required.
Somewhat Disturbed	1. Emotional adjustment generally within normal range with some disturbance following extreme stress.	Somewhat Disturbed	1. Functions within normal range except in extremel stressful situations.
Not Disturbed	0. Emotional adjustment generally within normal range.	Not Disturbed	0. Adjustment and reactivity generally within normal range.

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Exhibit 4 (continued)

PATIENT'S NAME________________________________ SEX Male ( ) Female ( ) DATE____________________ CASE NUMBER________________
(Last) (First) (Middle) (Year) (Month) (Day)

HOSPITAL________________________________ EXAMINER________________________

PSYCHIATRIC EVALUATION

Orientation:	Yes	No	Remarks:
Time	____	____	
Place	____	____	
Person	____	____	

Speech Pattern:	Never	Rare	Occasional	Frequent	Constant	Remarks:
Normal	____	____	____	____	____	
Overproductive	____	____	____	____	____	
Underproductive	____	____	____	____	____	
Coherent	____	____	____	____	____	
Incoherent	____	____	____	____	____	
Relevant	____	____	____	____	____	
Irrelevant	____	____	____	____	____	
Spontaneous	____	____	____	____	____	
Forced	____	____	____	____	____	

Motoric Reactivity:	Never	Rare	Occasional	Frequent	Constant	Remarks:
Normal	____	____	____	____	____	
Apathetic	____	____	____	____	____	
Stuperous	____	____	____	____	____	
Overactive	____	____	____	____	____	

Affective Reactivity:	Never	Rare	Occasional	Frequent	Constant	Remarks:
Cooperative	____	____	____	____	____	
Demanding	____	____	____	____	____	
Irritable	____	____	____	____	____	
Suspicious	____	____	____	____	____	
Apathetic	____	____	____	____	____	
Disturbed	____	____	____	____	____	
Destructive	____	____	____	____	____	
Assaultive	____	____	____	____	____	

Hallucinations:	Never	Rare	Occasional	Frequent	Constant	Remarks:
Auditory	____	____	____	____	____	
Visual	____	____	____	____	____	
Olfactory	____	____	____	____	____	
Tactile	____	____	____	____	____	
Taste	____	____	____	____	____	

Delusions:	Never	Rare	Occasional	Frequent	Constant	Remarks:
Spontaneous	____	____	____	____	____	
Elicited	____	____	____	____	____	

Research Section, B.M.H., 9-61

Exhibit 4 (continued)

PATIENT'S NAME ____________________ (Last) (First) (Middle) **SEX** Male ( ) Female ( ) **DATE** ____________ (Year) (Month) (Day)

CASE NUMBER ____________ HOSPITAL ____________ EXAMINER ____________

PSYCHIATRIC EVALUATION
(PATTERNS OF ADAPTATION)

Current Pattern Of Adaptation		Characteristic Pattern Of Adaptation						
		Never	Rarely	Occasionally	Frequently	Almost Constantly	Constantly	Remark
	I. Emotionally well adjusted.							
	II. Exhibits adaptive difficulties reflecting transient episodes of emotional maladjustment.							
	III. Exhibits adaptive difficulties so severe as to constitute a neurotic reaction.							
	IV. Exhibits difficulties in adaptation so severe as to constitute a psychotic reaction.							

Research Section, D.M.H., 9-61

EXHIBIT 5

INSTITUTE________________________________ DATE________________

PATIENT'S NAME____

BIRTHDATE_____________________________ AGE__________ SEX__________

WARD__________________________________ NUMBER IN WARD__________

WARD SUPERVISOR____

PRESENT PROGRAM____

____

____

BEHAVIORAL MANIFESTATIONS______________________________________

____

____

____

REPORTED BY__________________________

OBJECTIVE DATA____

____

____

____

REPORTED BY__________________________

ANECEDOTAL HISTORY____

____

____

____

REPORTED BY__________________________

OBSERVATIONS:

A. RESPONSE TO GROSS SOUND______________________

____

B. SPEECH

1. RECEPTIVE__________________________________

____

2. EXPRESSIVE_________________________________

____

EXHIBIT 5
(continued)

C. MANUAL COMMUNICATION________________________

GENERAL OBSERVATIONS:________________________

OBSERVATIONS MADE IN

A. WARD________________________

B. SCHOOL________________________

C. WORK LOCATION________________________

D. OTHER________________________

PATIENT'S COMMENTS________________________

EVALUATOR'S COMMENTS________________________

OTHER________________________

EVALUATE FOLDER: YES__________ NO__________

ROME STATE SCHOOL

M A L E S

EXHIBIT 6

PATIENT CODE NUMBER	BIRTH-DATE	DATE OF ADMISSION	IQ	MEDICAL CLASSI-FICATION	SCHOOLING OR PROGRAM PRIOR TO ADMISSION	PERTINENT COMMENTS FROM FOLDERS AND PERSONAL OBSERVATION
1	11/24/56	6/28/63	30	12,12.1, 33,68	Home	
2	3/19/64	9/13/66	-20	78,68	Home	Blind in right eye.
3	3/26/58	9/25/63	28	11,11.2	Home	No Speech.
4	7/21/46	8/23/50	33	Post Meningitis Encephalopathy	Home	
5	6/24/57	10/29/64	49	89	Kindergarten, Public School	Defective Speech
6	9/28/62	9/18/69	-20	314.90	Home	Deaf.
7	7/7/56	12/15/56	23	Mongolism	Home	
8	11/12/54	9/25/62	38	81,33	Home	
9	11/18/49	5/27/64	60	81,33	Public School	Limited speech. Hearing Aid. 40db rt., 60db lt. Manual Communication.
10	8/17/63	3/17/70	21	313.01	Home	Impaired hearing and speech. Blind, right eye.
11	7/12/65	12/3/69	-20	314.13	Home	Impaired hearing and speech.
12	5/3/68	6/27/69	21	313.49	Foster Home	Blind?
13	11/16/59	3/18/69	64	311.05	Refused Admittance at Rome School for the Deaf	Deaf Mutism. Profound bilateral Sensori Neural Loss.
14	3/22/43	7/10/56	12(?)	Mongolism	Otsego School	Deaf Mutism. Totally deaf.
15	7/13/46	7/2/64	82	78,33	Rome School for the Deaf.	Hearing Aid. Communicates manually.

ROME STATE SCHOOL

M A L E S - continued

~~EXHIBIT 6~~

PATIENT CODE NUMBER	BIRTH-DATE	DATE OF ADMISSION	IQ	MEDICAL CLASSI-FICATION	SCHOOLING OR PROGRAM PRIOR TO ADMISSION	PERTINENT COMMENTS FROM FOLDERS AND PERSONAL OBSERVATION
16	12/18/44	4/9/53	53	Hereditary	Catholic School	Marked hearing defect.
17	11/21/54	9/26/67	51-60	25,89,39 (other deaf mutism)	St. Coleman's	Deaf Mute.
18	1/26/51	4/6/54	41	Undiffer-entiated	Foster care	Congenital deafness
19	12/25/58	8/30/67	48	00,81,33	Home	Rejected by Rome School for the Deaf. Speech. Hearing Aid. Profound hearin loss.
20	11/6/46	11/27/58	44	Undiffer-entiated.	Public School. Washington Mills School for Re-tarded.	Impaired Hearing. Bilateral Chronic Otitis Media.
21.	5/29/57	7/12/67	46	00,81	St. Coleman's	Speech defect. One sibling at Rome School for the Deaf
22	8/11/61	8/17/65	66	Meningitis 12,12.2	Home	Does not talk much. Hearing Aid.
23	7/22/48	10/26/62	PIQ85	Familial 81	Public School	
24	5/6/45	1/7/53	13(?)	Encephali-tis	Home	Is deaf.
25	9/23/54	2/8/63	70	89	Public School	Deaf in right ear.
26	11/30/52	6/11/68	61	00,81	Public School, Special Class.	Speech defect. Understands speech Poorly
27	12/3/55	8/17/61	60	33	Home	Slurs words.
28	9/3/55	4/28/64	73	89,33	Foster Home	Absence of external ears. Bone conduction present. Hearing aid. Prfound hearing loss.

ROME STATE SCHOOL

M A L E S - continued

EXHIBIT 6

PATIENT CODE NUMBER	BIRTH-DATE	DATE OF ADMISSION	IQ	MEDICAL CLASSI-FICATION	SCHOOLING OR PROGRAM PRIOR TO ADMISSION	PERTINENT COMMENTS FROM FOLDERS AND PERSONAL OBSERVATION
29	12/3/63	4/25/67	-20	61,61.4, 63,36,44	Home	Hearing handicapped.
30	5/25/65	1/11/68	34	25,29,32	Home	Hearing impaired. No speech.
31	11/15/42	7/26/67	38	09,12,12.2 39(deaf mute)	Cleary Oral Sch. for the Deaf. St. Mary's Sch for the Deaf.	Gross deafness, does not hear tuning fork. Some manual communication.
32	6/9/58	9/26/69	53	311.40	Public School	Impaired hearing and speech
33	5/12/42	2/24/65	53	Familial. 81,38 (hearing handicapped)	Private School Batcoia Sch. for the Blind	Hearing aid.
34	8/30/47	10/3/60	63	38	Rome School for the Deaf.	Severe hearing loss. Manual Communication.
35	1/8/64	2/28/68	-20	10,11,11.9 68,22,38	Home	Hearing handicapped, no speech. Appears deaf.
36	4/27/61	10/25/66	-20	61,68,33	Home	Unable to talk. Otitis Media.
37	1/16/60	3/8/65	55-65	32,68,33	Home	Reads lips. Appears to have serious hearing loss
38	12/4/40	Feb./44	23	Unknown	Home	Hearing questionable. Does not talk.
39	11/24/53	6/25/64	.52	61,61.x, 68	Sunshine School	Cerebral Palsy, speech impaired.
40	12/7/39	2/29/56	81	Undifferentiated. Congenital-Deaf-Mutism	Rome School for the Deaf	Deaf mute - knows manual alphabet
41	11/28/64	1/5/70	-20	314.01	Home	Poor vision and hearing.

ROME STATE SCHOOL

FEMALES

EXHIBIT 6

PATIENT CODE NUMBER	BIRTH-DATE	DATE OF ADMISSION	IQ	MEDICAL CLASSI-FICATION	SCHOOLING OR PROGRAM PRIOR TO ADMISSION	PERTINENT COMMENTS FROM FOLDERS AND PERSONAL OBSERVATION
42	10/25/52	12/11/62	58	11,33,34.5	St. Joseph's Infant Home.	Defective speech and hearing. Read lips.
43	2/19/61	9/16/65	25	32,33,68	Home	Severe hearing losss.
44	2/12/49	4/26/61	-20	Familial	Home	Deaf.
45	2/6/62	6/5/57	-20	06,69,22, 68.	Home	Does not talk.
46	10/13/64	7/27/65	42	01,64	St. Margaret's House	Impaired speech and hearing.
47	3/22/57	12/15/64	62	00,81	St. Margaret's House.	Impaired hearing. Deafness
48	4/7/55	11/4/64	20	25,89	Syracuse Speech & Hearing Clinic.	No Speech.
49	12/15/51	5/23/58	62	Familial	Rome School for the Deaf	Deaf mute. Some manual communication
50	4/13/62	8/31/66	49	00,81	Foster Home	Defective speech. Sibling at Rome School for the Deaf.
51	9/17/52	10/17/60	55	61,6T:9,33	Home	Deafness. Speech defect. Hearing Aid.
52	8/26/58	5/1/67	50	78,33	Public School	Hearing Aid.
53	3/24/54	4/7/59	20	Trauma during Birth.	Home	Unable to talk. Bilateral mastoid Tympanoplasty in 1970
54	10/16/53	9/20/66	41	24,78	Refused Admittance at Rome Sch. for the Deaf.	Severe hearing impairment. Some manua communication.
55	1/3/43	5/7/57	62	Familial	Rome School for the Deaf.	Defective hearing. Otitis Media. On Family Care

ROME STATE SCHOOL

F E M A L E S - continued

EXHIBIT 6

PATIENT CODE NUMBER	BIRTH-DATE	DATE OF ADMISSION	IQ	MEDICAL CLASSI-FICATION	SCHOOLING OR PROGRAM PRIOR TO ADMISSION	PERTINENT COMMENTS FROM FOLDERS AND PERSONAL OBSERVATION
56	8/15/64	9/28/66	54	03,62,62.2	St. Margaret's Home	
57	5/23/53	5/7/64	74	89	Percy Hughes Sch.,Syracuse	Severe hearing loss. No speech. Aphasia
58	12/1/60	5/29/59	61	311.04	Refused Admittance by Rome School for the Deaf.	Deaf mute. Hearing Aid.
59	5/22/42	10/9/57	57	Familial	Public School	Speech and hearing defects
60	1/19/41	10/12/48	11	Unknown	Public School	Totally deaf.
61	5/2/48	1/3/62	52	81,33	Public School	Bilateral deafness. Speech impairment. On Family Care.
62	5/4/49	7/13/62	48	89	Refused Admittance at Rome School for the Deaf	Hearing and speech impaired
63	11/29/63	2/3/70	-20	314.03	Home	No speech. Severe hearing loss.
64	12/28/42	7/21/48	42	312.81 389(deafness)	Home	Deafness. On Family Care.

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(Oct 1970)

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PATIENT CODE NUMBER	BIRTH-DATE	DATE OF ADMISSION	IQ	MEDICAL CLASSI-FICATION	SCHOOLING OR PROGRAM PRIOR TO ADMISSION	PERTINENT COMMENTS FROM FOLDERS AND PERSONAL OBSERVATION
1	3/2/54	3/13/59	25-35	Birth Trauma	Home	
2	10/3/44	2/4/66	72	81,36	Batavia School	Blind, hearing handicapped.
3	6/10/63	6/30/66	23	23	Home	Does not talk
4	12/9/62	3/12/68	-20	11.2	Home	Hearing loss
5	4/19/47	5/20/52	+20	Not given	Home	Does not talk
6	3/22/46	2/7/63	77	23,32,39, 44,47	Rochester Sch. for the Deaf	Deaf mute
7	12/4/57	12/11/63	20	33,69	Home	Hearing handicapped, appears deaf.
8	9/3/57	3/1/63	25	78	Home	Hearing and speech defect.
9	1/2/50	3/8/55	25	Undiffer-entiated.	Home	Deaf mute.
10	11/2/54	4/24/56	42	Mongolism	Home	Hearing impaired.
11	8/20/44	8/2/50	31	Mongolism	Home	Limited speech. Can't hear.
12	12/30/64	8/27/70	33	Not given	Home	Hearing loss.
13	10/15/64	10/26/66	20	11.2,68, 5,33	Home	Hearing handicapped. Is deaf.
14	2/11/51	5/21/55	29	Birth Trauma	Home	Does not talk.
15	11/4/64	6/3/66	47	62.5,4x	Home	No speech or hearing.
16	4/17/66	1/6/69	34	313.49	Tioga General Hospital	No speech. Hearing questioned.
17	15 years	Not avail.	23	Not avail.	Not available	Not available.

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NEWARK STATE SCHOOL

MALES

EXHIBIT ,

PATIENT CODE NUMBER	BIRTH-DATE	DATE OF ADMISSION	IQ	MEDICAL CLASSI-FICATION	SCHOOLING OR PROGRAM PRIOR TO ADMISSION	PERTINENT COMMENTS FROM FOLDERS AND PERSONAL OBSERVATION
18	9/30/63	6/17/68	32	78	Home	Is deaf.
19	9/15/64	12/20/67	-20	78	Home	Cannot talk. No hearing.
20	5/21/64	8/13/68	30	314.40	Home	No speech.
21	4/18/65	10/5/70	26	Not yet Classified	County Hospital.	Deafness. Does not speak.
22	12/20/64	8/8/66	-20	11.2	Home	Is deaf. Blind.
23	2/20/67	11/7/69	-20	314.12	Home	Does not talk.
24	6/21/55	12/4/59	48	Undifferentiated.	Home	Deaf. Manual communication.
25	8/10/57	2/7/66	30	23	Home	Hearing severely impaired. Does not talk.
26	6/8/61	11/29/65	25	69	Home	Deaf. Does not talk.
27	1/15/51	4/11/55	-20	Congenital Cerebral Spastic	Home	Deaf
28	6/7/43	10/24/51	-20	Unknown	Home	Deaf mute.
29	7/3/41	10/27/50	38	Heredity	Home	Deaf Mute. Reads lips. Sign Language.
30	12/20/56	1/29/62	31	62.1	Home	Hearing impaired. Non-verbal.
31	10/10/57	2/19/65	40	64	Rochester Day Care Center	Poor speech, hearing impairment.
32	9/26/51	5/3/61	51	89	Home	Hearing and speech severely impaired.
33	5/7/54	5/15/59	34	Undifferentiated.	Home	Doesn't talk. Hearing loss.
34	9/6/58	8/26/63	24	79	Home	Deaf, no speech. Has hearing aid.

NEWARK STATE SCHOOL MALES I [BI

PATIENT CODE NUMBER	BIRTH-DATE	DATE OF ADMISSION	IQ	MEDICAL CLASSI-FICATION	SCHOOLING OR PROGRAM PRIOR TO ADMISSION	PERTINENT COMMENTS FROM FOLDERS AND PERSONAL OBSERVATION
35	8/2/55	12/3/68	81	310.12	Rochester Public Schools	Cannot Speak. Hearing loss(?).
36	10/25/57	5/6/64	30	78,31	Home	Cannot talk. Hearing loss(?).
37	4/15/55	2/23/65	48	Undifferentiated.	Rochester St. Hospital	Hearing loss. Otitis Media.
38	6/14/55	9/29/60	28	78	Home	Does not talk. Hearing loss.
39	7/30/58	11/5/62	40	89	Home	Cannot hear or talk.
40	11/17/44	8/25/50	30	Congenital Cerebral Spastic Paraplegia	Home	Congenital deafness. Deaf mute.
41	10/10/47	5/16/56	Not avail.	Not available	Rochester Day Care Center	Profound Bilateral Sensori-Neural hearing loss.
42	9/3/53	11/5/64	40	33,78	Foster home.	Deaf mute.
43	9/20/41	3/19/48	34	Developmental.	Home	No speech. Possible hearing loss.
44	2/19/57	5/10/62	32	11.2,38	Home	Central hearing loss.
45	und. 16	FOLDER NOT AVAILABLE.				
46	und. 16	FOLDER NOT AVAILABLE.				

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(Nov. 1976)

TABLE 1

CHARACTERISTICS OF SAMPLE POPULATION

	Age and Sex								
	Males			Females			Total		
	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages
Number	50	56	106	33	30	63	83	86	169
Mean Age	17.28	30.34	24.18	16.22	28.68	22.15	16.86	29.76	23.42
Standard Deviation	2.89	4.94	7.67	2.74	4.44	7.23	2.87	4.82	7.56

TABLE 2

ACADEMIC ACHIEVEMENT (GRADE LEVEL) IN BASIC SUBJECT BY AGE AND SEX

Subject	Age and Sex								
	Males			Females			Total		
	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages
Arithmetic									
Number	35	33	68	22	18	40	57	51	108
Mean Grade Level	2.2	1.6	1.9	1.4	2.4	1.9	1.9	1.9	1.9
Standard Deviation	1.5	1.4	1.5	1.1	1.6	1.4	1.4	1.5	1.5
Reading									
Number	32	32	64	22	18	40	54	50	104
Mean Grade Level	1.6	1.3	1.5	1.2	2.8	2.0	1.5	1.9	1.7
Standard Deviation	1.1	1.3	1.2	1.2	2.3	1.9	1.2	1.8	1.5
Spelling									
Number	31	32	63	21	18	39	52	50	102
Mean Grade Level	1.5	1.5	1.5	1.4	2.0	1.7	1.5	1.7	1.6
Standard Deviation	.8	1.3	1.1	.8	1.4	1.1	.8	1.4	1.1

TABLE 3

RESULTS OF PHYSICAL EXAMINATION

Number of Physical Disabilities*	Number	Percent
No apparent disability	32	21.3
One disability	53	35.3
Two disabilities	40	26.7
Three disabilities	18	12.0
Four disabilities	4	2.7
Five disabilities	2	1.3
Six disabilities	1	.7
	150	100.0

* In addition to presumed mental deficiency and deafness.

TABLE 4

SPEECH RECEPTION THRESHOLD (SRT) BY AGE AND SEX

	Age and Sex								
	Males			Females			Total		
	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages
Number*	33	36	69	22	17	39	55	53	108
Mean	31.67	40.56	36.30	21.36	35.59	27.56	27.55	39.00	33.15
Standard Deviation	22.73	20.36	22.01	17.78	24.72	22.24	21.58	21.96	22.40

* No scores obtained on twenty patients.

TABLE 5

SPEECH DISCRIMINATION (SD) BY AGE AND SEX

	Age and Sex								
	Males			Females			Total		
	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages
Number*	26	18	44	16	8	24	42	26	68
Mean	82.38	77.89	80.54	87.25	92.25	88.92	84.24	82.31	83.50
Standard Deviation	21.33	21.44	21.49	15.21	13.47	14.84	19.37	19.86	19.81

* No scores obtained on sixty patients.

TABLE 6

AUDIOLOGIST CLASSIFICATION OF HEARING LOSS BY AGE AND SEX

Classification*	Age and Sex									
	Males			Females			Total			
	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages N	All ages %
I - Normal Limits (0-15 dB)	11	6	17	13	7	20	24	13	37	28.91
II - Mild Loss (20-40 dB)	9	14	23	6	3	9	15	17	32	25.01
III - Moderate Loss (45-60 dB)	11	14	25	4	4	8	15	18	33	25.78
IV - Severe Loss (65-80 dB)	3	3	6	1	5	6	4	8	12	9.37
V - Total Loss (85-100 dB)	3	9	12	2	0	2	5	9	14	10.93
Number	37	46	83	26	19	45	63	65	128	100%
Mean	2.41	2.89	2.68	1.96	2.37	2.13	2.22	2.74	2.48	
Standard Deviation	1.22	1.29	1.28	1.23	1.21	1.12	1.67	1.29	1.29	

* Decibel loss in multiples of five.

TABLE 7

PERCENT OF SPEECH IMPAIRMENT BY AGE AND SEX (AMA GUIDE)

Percent of Impairment*	Age and Sex									
	Males			Females			Total			
	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages N	All ages %
I - 0-10%	15	9	24	4	9	13	19	18	37	28.90
II - 15-35%	8	4	12	3	1	4	11	5	16	12.50
III - 40-60%	4	3	7	12	1	13	16	4	20	15.63
IV - 60-85%	3	12	15	2	3	5	5	15	20	15.63
V - 90-100%	7	18	25	5	5	10	12	23	35	27.34
Number	37	46	83	26	19	45	63	65	128	100%
Mean Class	2.43	3.57	3.06	3.04	2.68	2.89	2.68	3.32	3.00	
Standard Deviation	1.54	1.52	1.64	2.09	1.75	1.49	1.16	1.65	1.58	

* In multiples of five.

TABLE 8

AUDIOLOGIST JUDGMENT OF TOTAL SPEECH AND HEARING IMPAIRMENT BY AGE AND SEX (AMA GUIDE)*

Classification of Impairment	Age and Sex									
	Males			Females			Total			
	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages N	All ages %
I - None (0-10%)	12	4	16	4	5	9	16	9	25	19.53
II - Mild (11-23%)	7	7	14	3	6	9	10	13	23	17.97
III - Moderate (24-35%)	5	4	9	2	5	7	7	9	16	12.50
IV - Severe (36-47%)	4	12	16	5	6	11	9	18	27	21.09
V - Critical (48-58%)	9	19	28	5	4	9	14	23	37	28.91
Number	37	46	83	19	26	45	56	72	128	100%
Mean	2.76	3.76	3.31	3.21	2.92	3.04	2.91	3.46	3.22	
Standard Deviation	1.58	1.36	1.55	1.46	1.36	1.43	1.58	1.41	1.53	

* As related to the whole man.

TABLE 9

MEAN INTELLIGENCE TEST SCORES BY AGE AND SEX

Name of Test	Age and Sex								
	Males			Females			Total		
	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages
Wechsler (WISC-WAIS)									
Performance Scale									
Number	32	36	68	24	16	40	56	52	108
IQ Mean	61.50	60.89	61.66	58.42	63.50	60.45	60.18	62.33	61.21
Standard Deviation	28.45	16.41	22.88	17.00	13.09	15.75	24.26	15.48	20.54
Verbal Scale									
Number	26	17	43	15	14	29	41	31	72
IQ Mean	59.69	59.41	59.58	53.73	57.50	55.55	57.51	58.55	57.90
Standard Deviation	10.71	20.63	15.42	7.16	8.88	8.25	9.99	16.43	13.17
Full Scale									
Number	25	16	41	14	13	27	39	29	68
IQ Mean	62.52	59.81	61.46	53.29	58.00	55.55	59.21	59.00	59.11
Standard Deviation	11.27	5.90	9.63	9.32	10.28	10.06	11.50	8.19	10.22
Modified Goodenough									
Draw-A-Person Test									
Number	41	46	87	24	22	46	65	68	133
IQ Mean	59.80	62.07	61.00	56.67	61.27	58.87	58.65	61.81	60.26
Standard Deviation	16.40	21.16	19.10	15.44	16.47	16.11	16.12	19.77	18.15
Bender-Gestalt, Rev.									
Number	41	49	90	29	23	52	70	72	142
IQ Mean	74.56	72.00	73.17	64.21	73.04	68.12	70.27	72.33	71.32
Standard Deviation	16.86	22.44	20.14	21.16	18.83	20.63	19.96	21.36	20.47

TABLE 10

MEDIAN SCORES OF MEASURES OF INTELLIGENCE BY AGE AND SEX

Measure	Age and Sex								
	Males			Females			Total		
	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages	Under 22 years	22 years and over	All ages
Wechsler (WISC-WAIS)									
Performance Scale									
Number*	50	56	106	33	30	63	83	86	169
Median	62	40	50	44	44	44	51	42	46
Verbal Scale									
Number*	50	56	106	33	30	63	83	86	169
Median	45	43	43	44	47	44	44	43	43
Full Scale									
Number*	50	56	106	33	30	63	83	86	169
Median	43	43	43	43	43	43	43	43	43
Modified Goodenough									
Number*	50	56	106	33	30	63	83	86	169
Median	53	50	50	49	50	50	52	50	50
Bender-Gestalt, Rev.									
Number	50	56	106	33	30	63	83	86	169
Median	74	75	72	60	75	72	72	75	72

* Patients for whom no scores were obtained were included at the lowest score in the obtained group.

TABLE 11

CORRELATIONS BETWEEN WECHSLER PERFORMANCE IQ AND OTHER DIAGNOSTIC MEASUREMENTS*

Measurement	Correlation with Wechsler
Achievement	
Arithmetic	r .57
Reading	r .38
Personality	
General adjustment	ø .26**
Behavioral disorganization	ø .40**
Chronic maladjustment	ø .25
Depression	ø .24
Nineteen Factor	r .55**

* Only correlations significant at $P < .05$ are given.

** Scores converted in direction from that shown in exhibits.

TABLE 12

CORRELATIONS BETWEEN SPEECH AND HEARING TESTS AND OTHER DIAGNOSTIC MEASUREMENTS

Speech and Hearing Test	Other Diagnostic Measures* Wechsler Performance IQ	Examiner's Estimate of IQ	Reading Achievement	Arithmetic Achievement
Audiologist's Classification of Impairment	.31	.65	.03	.32
Impairment of Total Man	.01	-.36	-.32	-.20
Speech Reception Threshold	.26	.23	.10	.24
Pure-Tone (Air)	-.14	.16	-.01	.10

* Underlined correlations are significant at $P < .05$.

TABLE 13

COMPARISON OF RESULTS ON DATA BANK MEASURES BY VOCATIONAL PLACEMENT

Tests	Vocational Placement								
	Sheltered Workshop			Institution			Community		
	Number	Mean	Standard Deviation	Number	Mean	Standard Deviation	Number	Mean	Standard Deviation
Intellectual Function									
Wechsler Performance									
IQ	15	68.9	13.0	3	75.7	2.5	5	77.8	11.3
Object assembly	15	8.1	2.7	4	8.0	1.2	6	8.5	3.8
Block design	15	6.7	2.9	4	6.3	1.5	6	6.8	2.9
Picture arrangement	15	3.3	2.9	3	5.0	.8	5	4.8	2.3
Picture comprehension	14	5.0	2.9	4	3.8	2.5	4	5.8	2.8
Digit symbol	14	2.9	2.4	4	5.0	2.9	6	4.0	3.0
Chicago Non-Verbal	16	53.9	28.3	4	66.7	26.3	6	70.3	21.6
Raven Progressive Matrices	16	24.2	5.8	4	26.5	3.8	6	24.2	5.2
Vocational Aptitude									
Crawford Dexterity									
Part I (in minutes)	14	9.98	3.20	4	7.81	1.72	6	10.22	6.74
Part II	14	11.35	2.97	4	11.27	3.17	6	12.54	5.37
Minnesota Manipulation									
Placing (in seconds)	13	183.5	62.5	4	169.3	67.0	5	148.4	42.3
Turning	13	175.2	70.6	4	169.7	50.7	5	140.4	50.1
Displacing	13	138.5	36.9	4	121.3	39.4	5	121.8	39.2
One-hand turning and placing	13	217.3	61.7	4	184.5	16.6	5	186.6	51.8
Two-hand turning and placing	13	140.6	52.0	4	158.5	50.1	5	117.2	43.7
Minnesota Spatial Relations	13	1520.3	461.4	4	1640.3	636.5	5	1492.2	623.4
Pennsylvania Bi-Manual									
Part A (in seconds)	13	843.8	236.8	4	836.0	121.8	4	639.3	142.3
Part D	13	430.3	116.4	4	356.8	44.8	4	309.5	119.0
Bennett Hand-Tool Dexterity Test (in min.)	13	13.38	3.68	4	13.78	1.11	3	15.16	3.29
Motor Function									
Lincoln-Oseretsky Motor Development	7	64.7	16.1	3	57.3	3.3	4	70.8	9.8

TABLE 14

Rome State School

Population of Rome State School	3,774

Number of Trainable and Educable residents, ages 6-30 (estimate)

Male:	626
Female:	324
Total:	950

Number of Trainable and Educable residents with hearing losses, all ages (administration estimate)

Male:	98
Female:	58
Total:	156

Number of Trainable and Educable residents ages 6-30 with functional hearing losses as defined by this study.

Male:	41
Female:	23
Total:	64

Percentage of Trainable and Educable residents ages 6-30 with functional hearing losses to total T and E resident group, ages 6-30.

Male:	7%
Female:	7%
Both:	7%

Table 14 - continued

IQ Range of hearing impaired T and E residents, ages 6-30.		
	Low:	-20
	High:	85

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TABLE 15

Newark State School

Population of Newark State School			2,326
Number of Trainable and Educable residents, ages 6-30 (estimate)		626	
Number of Trainable and Educable residents, ages 6-30 with functional hearing losses as defined by this study.			
	Male:	29	
	Female:	17	
	Total:	46	
Percentage of Trainable and Educable residents, ages 6-30 with functional hearing losses to total T and E resident group, ages 6-30 (no sex breakdown)			
	Total:	7%	
IQ range of hearing impaired T and E residents, ages 6-30.			
	Low:	-20	
	High:	81	

TABLE 16

New York State Department of Mental Hygiene, Resident Survey, State Schools

June, 1969

Number of State Schools: 15

Total Number of Residents:

Male:	14,255
Female:	11,510
Total:	25,765

Number of Residents, as determined by the Survey, who:

	No.	%
Are hard-of-hearing:	1,419	5.5
Are totally deaf:	412	1.6
Combined:	1,831	7.1

Table 17

Patients With and Without Hearing Handicap by Degree of Handicap by Hospital (with percentages) Maryland State Hospitals for the Retarded 1968

	Both Hospitals		Rosewood		Henryton	
Degree of Handicap	No.	Percent	No.	Percent	No.	Percent
ALL PATIENTS	3181	100.0	2810	100.0	371	100.0
No handicap, hearing apparently normal	2720	85.5	2393	85.2	327	88.1
Total with handicap or handicapping condition, all degrees	461	14.5	417	14.8	44	11.9
Some hearing problem, mild	174	5.4	136	4.8	38	10.2
Severe hearing problem	17	0.5	16	0.6	1	0.3
Some problem, degree not determined	113	3.6	110	3.9	3	0.8
Apparently totally deaf	44	1.4	43	1.5	1	0.3
Hearing cannot be determined	113	3.6	112	4.0	1	0.3

Table 18

Approximation of Degree of Hearing Loss of the Hospitalized Hearing Impaired Retarded Population of Maryland
N = 461

Estimated Degree of Hearing Loss	Prevalance Number	 Precent
Deaf	32	6.9
Severe Hearing Problem (Cannot understand speech)	43	9.3
Observable or Measureable hearing loss, but not Severe	118	23.6
Hearing Loss Established but Degree Unknown	268	58.1

APPENDIX I

Questionnaire on
Multiply Handicapped Deaf

Survey of Schools and Classes for the Deaf in New York State:

School ____________________

Address ____________________

Residential ____________________

Day Program ____________________

If you have not been offering services for more than six years please specify date opened ____________________

Information required for period
July 1, 1964 to June 30, 1970

FOR REASONS OF MENTAL HEALTH

	Dropped or Dismissed Number ______	Admission Denied Number ______
REASONS: Please Indicate Number -		
Mentally Retarded	______	______
Mentally Ill	______	______
Emotionally Disturbed	______	______
Other Mentally Handicapped	______	______

Remarks and/or Recommendations: Please use reverse side or attach sheet.

Person completing questionnaire: ____________________

Position: ____________________

Thank you.

APPENDIX J

Proceedings of the Commission's Syracuse Hearing on the Licensing of Audiologists and Speech Pathologists

HEARING BEFORE
NEW YORK STATE TEMPORARY COMMISSION
FOR THE DEAF

held at

State Office Building
333 East Washington Street
SYRACUSE, NEW YORK

on

NOVEMBER 5, 1970

PRESENT: CHAIRMAN RICHARD CEROSKY

COMMISSION MEMBERS:
- David Dempsey, Counsel
- Alice Beardsly, Vice Chairman
- Stanley Benowitz, Staff Coordinator
- Robert Morris, Staff Member
- Carlton Strail, Commission Member
- Assemblyman Gene Levy
- State Senator James Present
- Marjorie Clere, Interpreter
- Eleanor Conboy, Secretary
- James Julier, P.R. Representative
- Dale Harro, NYS Department of Health
- Natalie Pearlman, NYS Department of Health
- Joan Gable, Commission Staff

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(The Hearing was called to order in Hearing Room 1 at 10:30 A.M. by Chairman Richard Cerosky.)

CHAIRMAN CEROSKY: The New York State Temporary Commission for the Deaf is conducting this hearing this morning, and we would like to call this hearing to order. I would like to introduce to you the Members of the Commission that are present this morning and conducting the hearing.

I have to my left Assemblyman Gene Levy, Brooklyn County; State Senator James Present. To my left is Vice Chairman of the New York State Temporary Commission for the Deaf, Mrs. Alice Beardsly and to my right Commission Member Carlton Strail. To his right is the Counsel to the Commission, Mr. David Dempsey and to his right the Staff Worker in this area of Legislation of Licenses, Robert Morris.

The purpose of this hearing this morning is to determine and to better inform the Commission of the Deaf as to whether or not they should consider legislation that would license speech therapists and audiologists in the State of

New York.

As perhaps most of you know, last year we conducted two hearings dealing with licensing of hearing aid dealers in the State of New York. At those hearings we had before us legislation that would set up a licensing act. We do not have before us at this time any proposed legislation, other than that which will be introduced later at the hearing, which is a suggested licensure act by the Association, dealing with speech therapists and audiologists.

There has been no introduction into either House of the Legislature, to my knowledge heretofore, any bill that would deal with such licensing. As I said with my earlier remarks, the period of this hearing is that the Commission can consider, after the hearing, whether or not this licensing legislation should be considered and should be recommended by this Commission.

With that remark, we will now get down to listening to testimony of those who have requested to be heard at this hearing. After those that have made such formal requests are heard, we would invite anyone in the room to testify, if they so desire.

So I will ask first Mr. Michael Dowling, the Speech Therapist at St. Mary's School for the Deaf of Buffalo, to address us. $\overset{M}{D}$r. Dowling, if you will take a seat to the left. We have a Public Stenographer taking notes of the meeting so we will have those who are testifying sit to our left and, if you can speak loudly so everyone can hear, we would appreciate it.

MR. MICHAEL V. DOWLING: My testimony this morning is not necessarily a pro or con type of thing in regard to licensing, but questions in regard to speech therapists working with the deaf and their reputation under such a licensing bill.

The first question that I would like to bring up is whether or not such licensing will be specific or uniform licensing. In other words, will specific types of licenses be given for speech pathologists working in the public schools with normally hearing children, as opposed to speech pathologists working with the deaf and for hard-of-hearing in schools for the deaf or clinics. Those working in clinical situations, in which cleft palate children are treated, and so forth. If not, will all receive the same license as a speech pathologist, even though their work and the preparation for the work is in many cases significantly different in nature? Does this same evaluation hold true with regard to audiologists?

Along the same lines as this question, would it not be necessary to at least attempt to have the four speech pathologists sitting on the Board be of varying backgrounds, so that the interests of the pathologist working with the deaf, the pathologist working in a clinical situation with cleft palate children, the pathologist in the hearing public schools and so forth, would all have a representation on this Board? According to the Bill received by me and that is proposed by, I guess, the New York State Speech and Hearing Association, they said that there would be four members of the Board representing speech pathologists and four members of the Board representing audiologists. I may be mistaken on this but this is what I have read and I am wondering if specific efforts can be made that each of these Members of the Board or that there be representative members of the Board who may represent general areas such as speech pathologists working in clinical situations with cerebral palsy, cleft palate children and those working in the public schools and representatives also of those working with deaf and hard-of-hearing children in residential schools for the deaf as compared to the city hearing clinics.

We feel that if such Licensure Committee is going to represent all speech and hearing pathologists and audiologists in the State, that there should be members of the Board who would have an understanding of each of these areas that I have talked about before. People in the public schools and the clinics and schools for the deaf should all be represented.

I would wonder, for example, if a group of four speech pathologists whose background is in the public schools would understand my role as a speech pathologist working with the deaf in a residential school for the deaf and vice versa. Could they judge my qualifications, realize if any injustices were committed by me as a professional serving the deaf, if they are not versed in the problems of a speech pathologist working with deaf children. So that in general then, if we are to be represented as a group, I feel we should have adequate representation for the group within general headings of speech pathology, which I have definitely felt are significantly different. Their background in pathology is the same background that the specific preparation for each of these fields is very different.

The next point, again on the same lines, will examinations be general, in terms of general speech pathology evaluation of a person's general knowledge, in the knowledge of speech pathology or audiology, or will it be in some specific areas, such as my knowledge or anybody else's knowledge in doing speech pathology work with the deaf or whatever handicapped group they may be working with?

The next point, will teachers who are certified, these are teachers of the deaf who are certified by the Conference of Executives of American Schools for the Deaf, who have certified training in speech development and speech correction for the deaf, be able to continue to do the speech work under such a situation? In other words, they may not meet qualifications of ASHA or the New York State Association, or they may not meet the State Education requirements in terms of actual speech and hearing therapy for the deaf. However, they may be legally certified by the Conference of Executives of American Schools for the Deaf as teachers of the Deaf, but in the role of being teachers for the deaf, have included under that role the role of speech development and correction.

The sixth point I would have is what inter-action will this licensing board have with the State Education Department's "certification of teaching speech and hearing handicapped"? What inter-action would this licensing board have with such other boards as the Conference of Executives of the American Schools for the Deaf, HSHA, State ASHA and other organizations who are responsible for licensing teachers of the deaf?

The next point I have is in terms of a person working in a situation such as St. Mary's School for the Deaf, where most of the supervisory personnel are trained teachers of the deaf and not trained speech pathologists or trained audiologists.

If persons such as myself are required to get a certain number of hours of practicum under a "person who has gained admittance to the American Speech and Hearing Association" or one of the other organizations that this bill specifies as being necessary that the supervisory personnel belonged to in order to supervise me, how can I then get my clinical hours? What will happen to persons such as myself? In other words, my direct supervisor is a teacher of the deaf, and most such supervisors are teachers of the deaf, but as a speech pathologist, according to the bill, I would have to be supervised by somebody who was licensed under this proposed bill or licensed by the American Speech and Hearing Association.

Are qualified as audiologists under the new bill? Will they be grandfathered in under the new bill? I think this may be something that the Committee will consider today.

The last point that I will have is exactly what provisions are being made for the grandfather clause in the bill. These are the main points that I would like to bring up before this Committee.

CHAIRMAN CEROSKY: Are there any questions?

Most of your testimony, Mr. Dowling, apparently deals with a proposed bill. Apparently you have read the same proposed bill that we have.

MR. DOWLING: Yes, sir.

CHAIRMAN CEROSKY: In your judgment, without any bill, do you feel that there is a need in the State of New York for licensing of speech therapists? I am talking in general terms of audiologists?

MR. DOWLING: Can I just ask one question? In relation to that, what difference is there between certification and licensure?

CHAIRMAN CEROSKY: As I understand certification and licensing, under certification one permits those certified by the Education Department to participate in any public funds that might be expended in speech therapy. Licensure would extend that to, in addition, to include the public entirely.

In other words, there is no proposition under any provision of the laws that I am familiar with that permits certified or uncertified or uncertified to go out to the public and say: "I am a speech therapist" or to say: "I am an audiologist and I can help you with your problem." They can do this without violating any provision of the law now. I think this, briefly, is the difference between licensing and certification.

MR. DOWLING: I think, like I said in the beginning of my testimony, that really we are not here to oppose licensure. As a group, we feel such licensure is necessary, but as a group of speech pathologists dealing with particular populations, we wish adequate consideration to be given to our needs. I would feel that with my training, and I think the other people feel the same way with their training as speech pathologists, going into work with the deaf with a Master's Degree and deaf education, the work is so differnt. Although there is a common basis compared to a surgeon or an ear doctor, this work is very different. I would say that my work, doing speech work or audiology work, I would say also with the deaf is so different than doing speech work with public school children, speech work with cleft palate children, speech work with palsy children. I don't know how other workers feel but myself, working with the deaf children, we might not have adequate representation first on the Board and then adequate representation in terms of our needs as pathologists working with the deaf.

My main distinction there should be that different consideration be given for each of the groups, because their work is although the same in many respects also at great variance in others.

MR. DEMPSEY: Mr. Dowling, you have raised several questions concerning this proposed legislation, but specifically do you have any recommendations which you feel should be incorporated into this legislation?

MR. DOWLING: I think that the main thing was that the Board be composed not only just of four speech pathologists, but of four speech pathologists or more, if necessary, who are from different areas of speech pathology. In other words, if the Board were composed of four public school persons who deal with speech handicapped children in the public schools, would they be able to judge my work, working with deaf children? I really don't think so, and therefore I feel that the Board should be made up of representatives of all groups as much as possible.

I am sure it is very difficult to break this down into groups, but as much as possible there should be an attempt made to do this.

MR. DEMPSEY: Do you have any opinion as to whether any of the groups within your profession should be exempt from licensing?

MR. DOWLING: I wouldn't feel so, no.

Of course, these are questions of the gradfather clause now. What our people say working at St. Mary's or the Rome school or Lexington school, what is going to happen to them? Will they be grandfathered in or will they be made to meet all certification qualifications?

CHAIRMAN CEROSKY: If there are no other questions, I want to thank you, Mr. Dowling, for taking of your time to come down here and give us your ideas.

MR. DOWLING: I trust in the terms of recommendations that not only an effort will be made to have the Board represent all the areas of speech pathology that will be represented under this broad classification of speech pathology, but also possibly that the licensure be specific to these areas. In other words, that there should not be blanket licensing, that licensing should be a little more specific as to whether or not somebody is qualified to do speech work with the deaf or qualified to do public school speech hearing therapy. The needs and professional background and the duties are so different in these various fields. A licensure of a speech pathologist with a baccalaureate degree and a Master's Degree in General Speech Pathology may not necessarily be prepared to do speech work with the deaf.

CHAIRMAN CEROSKY: Thank you, Mr. Dowling.

Our next speaker will be Dr. Herbert Gillis, Chairman of the Licensure Committee. Will you give us your name and what you represent, Doctor?

DR. HERBERT GILLIS: I am Dr. H. R. Gillis, Chairman of the Licensure Committee of the New York State Speech and Hearing Association and I am Professor of Speech and Director of Speech and Hearing Center, Long Island University. I did have a prepared statement which I have just finished getting typed.

Generally speaking, the more important motives for the formation of a licensure proposal for speech pathologists and audiologists in New York State are: 1) to continue the effort to maintain high professional standards for speech pathologists and audiologists; 2) to assure the public of competent diagnosis and treatment of speech and hearing disorders; 3) to protect the public against questionable practices; 4) to set up standards of competency and training in the field for areas not covered presently by state education certification and state health certification.

On the basis of complaints of unethical and questionable practices received by members of the New York State Speech and Hearing Association, a committee to draw up a proposal for licensure was instituted. The committee has been working on this task for the last four years. Among other things, the committee has compiled data on existing standards of professional training and conduct from many sources.

After much discussion and careful evaluation by all parties concerned, a draft of a licensure proposal was approved. The draft was turned over to legal council to be submitted to the legislature as a Bill. Among the more important features for membership as listed on this Bill are: 1) grandfathering provision which covers regular members of the New York State Speech and Hearing Association at the time of enactment, or those who meet the requirements for membership at that time; as well as those who possess the certificate of clinical competency and experiential requirements in speech pathology and/or audiology from the American Speech and Hearing Association. All must be residents of New York or employed in New York. 2) The provision of State Board examinations for all other applicants at least twice a year. These board examinations are determined by the Board of

Examiners to be established by the Bill, and the examinations are based on subjects in the field and related areas as taught in programs of colleges and universities, whether written or oral. The Board may waive such examination and grant a license to those who hold a certificate of clinical competency from ASHA or its equivalence and who have applied to the Board subsequent to the enactment of the Bill. 3) A reciprocity clause is included in the Bill, as well as arrangements for revocation or suspension of license. 4) Violations of the restrictions of the Bill are also provided for in the form of fines and imprisonment.

This bill establishes standards of training as well as standards of practice for speech pathologists and audiologists in the State of New York, and limits practice to those who meet its standards by requiring a license and registration of all concerned. It does not restrict the professional activity of those people who are duly certified as "Teachers of the Speech and Hearing Handicapped" by the State Department of Education, provided they are fulfilling their professional duties in a school setting. It does not restrict those professionals who are performing their duties in an institution such as a government-sponsored hospital. It is designed to regulate the activity of all those who are engaged in private practice or who are employed in a private institution and practicing. It is the conviction of the New York State Speech and Hearing Association that it would be in the public interest if this proposal were enacted as law.

CHAIRMAN CEROSKY: Thank you, Dr. Gillis. Are there any questions of the Doctor?

MR. MORRIS: How many audiologists who presently reside in New York State would be eligible to qualify for licensure under this Act?

DR. GILLIS: I am not sure I could give you an exact number on that. I think the Treasurer of NYSH would have to give you those figures. I couldn't. My understanding is there are about 800 members of the New York State Hearing and Speech Association, and the usual ratio is about three-to-two, I think speech pathologists versus audiologists. But, of course, that is an estimate and, of course, there are people who are not members of the New York State Speech and Hearing Association who are practicing audiologists.

MR. MORRIS: That would leave us about 350 or 400 audiologists who would be qualified for licensure presently in the State that you know of?

DR. GILLIS: If you use that formula, and that is only a guess, of course.

MR. MORRIS: Of these 350 or 400 audiologists, how many are presently involved in research, private industry as opposed to those who are engaged in serving the public?

DR. GILLIS: I have no idea. We have no figures that I know of on that. Again, this would be something which normally I would not come across, that is to say the actual professional engagements. It might be possible this could be achieved from another source but I don't have any such data.

MR. MORRIS: About how many New York State residents annually receive a Master's Degree in Audiology or such educational, professional training that would qualify them for licensure each year, over and above this 350 to 400?

DR. GILLIS: I think I would have to defer to someone else to answer that question. These figures would be compiled and I am sure they are available to the Committee on State Certification of the New York State Speech and Hearing Association. I think it is Mrs. Arnold that is Chairman of that Committee, if I remember correctly, and she could provide you with those figures, but I couldn't give you any accurate figure on that.

MR. MORRIS: To go a little further, Doctor, using the rule-of-thumb that is usually used, there are 18-1/2-million people in New York State and five per cent of that figure generally is acknowledged to have some form of hearing loss. Now, at the optimum, there are 400 audiologists in the State that would be available to test this almost one-million potential. In your opinion, in view of the exclusivity that this licensure act would give to your profession, as regards the use of tools of the trade and other things that your profession uses, could they adequately take care of the audiological examination of this almost one-million hard-of-hearing or deaf in the State?

DR. GILLIS: Yes, I think they could. In the first place, not all audiologists are members of the New York State Speech and Hearing Association, and of course, the figures we have dealt with are hypothetical. They aren't exact. They are based on estimates or as you said, the rule-of-thumb. All of these people do not require diagnosis at the same time nor equally in terms of the amount of time. I would say that this would be similar, I suppose, in certain respects to problems that people would face in getting a diagnosis and evaluation from a physician. There are a limited number of physicians, too, and people still are required to be licensed, if they are going to be physicians.

2 My feeling is that first of all, to just summarize that point, there are, I think, more audiologists in the State of New York than the figures we have arrived at, because this was arrived at somewhat on the basis of a guess. Secondly, the amount of time that is involved in caring for those who need audiological evaluation and diagnosis are

not all that time consuming. They are not on an equal basis, and of course, the figure itself that we are dealing with of five per cent, as applied to a gross population, doesn't necessarily come up as a reliable figure, because it is just an arithmetical figure.

MR. MORRIS: One other question, Doctor, in the sixty-two Counties of New York State, is there an audiologist who would be Board Certified or would be qualified to take this examination?

DR. GILLIS: You mean is there an audiologist in each of the sixty-two Counties? I don't know. I would imagine there are. In the more densely populated areas, of course, there are more, and there are less in the sparsely populated areas, but whether there is one in each County, I could not tell you.

MR. DEMPSEY: Doctor, you stated that there were certain complaints of unqualified and questionable practices received by your Committee?

DR. GILLIS: Yes.

MR. DEMPSEY: Would you tell us on whose behavior, from what profession these complaints came?

DR. GILLIS: Yes, the complaints have come from educators. I think predominantly this is true and the practices have run all the way to the prescription of alcohol rubs for stutterers to the use of a barber's massage machine for problems of articulatory disorders. I don't have all of this literature with me. It has been compiled over some period of time. Some of them are rather amazing, if not almost amusing, if it weren't so tragic in its consequences as to the claims that are made in some practices that are. Some of them, I might add, are quite widespread.

MR. DEMPSEY: Specifically though, from what professions or businesses were these claims coming from or who was causing these complaints to arise, perhaps that is a better way to say it?

DR. GILLIS: Private practitioners, mostly.

MR. DEMPSEY: In the field of audiology?

DR. GILLIS: No, I would say the ones I know of are mostly in the field of speech pathology. However, I do have something that I just got the other day, as a matter of fact, before coming up here. I don't know if you gentlemen have seen this or not, but this is in the area of audiology. It concerns nerve deafness and so I thought it was to bring that along with me as an example of what might be considered a questionable claim in literature at least.

However, most of the practices that I know of in the past, I would call questionable, were in the area of speech pathology, which incidentally has, if anything, even less supervision.

MR. DEMPSEY: Relating to the exclusive quality of this particular proposed bill, and the fact that it would exclude from hearing aid dealers the use of the tools of your trade, unless they were able to obtain qualification under this particular Act, would you discuss with us, or state, what the rationale of your Committee was in so restricting the practices?

DR. GILLIS: Well, the Committee feels that since the hearing aid agencies and dealers in the State sought licensure on their own, and are still in the process of doing so, so far as I know that this was their concern and not ours. Such a move was instituted, I think, several years ago and the Bill was presented to the Legislature by hearing aid dealers. To my knowledge this was to license themselves. Therefore, this is not a concern of the speech pathologists and audiologists and anything that we might have done might have been redundant on the point. In any case, since that was in the process, we eliminated any mention of it when preparing our Bill.

MR. DEMPSEY: Do I understand you to say then that if the hearing aid dealers were licensed, as that proposed Bill requests, or as the Bill has passed the Legislature, that your Licensure Committee would not have an objection?

DR. GILLIS: If they are licensed by the State of New York, how could we object?

MR. DEMPSEY: Thank you.

MRS. GABLE: I assume that your Licensure Committee probably investigated the licensure and certification acts of other states. Are there other such State that have licensure?

DR. GILLIS: Yes, Florida and California, I think. Florida, definitely. I think

California just passed such a licensure act and there are about a dozen other states that are in the process.

MRS. GABLE: Could you tell me in those Licensure Acts was licensure limited to people who belonged to the American Speech and Hearing Association also?

DR. GILLIS: Or their equivalent, and our Bill does not say it is limited to ASHA. It merely says to meet the standards of the American Speech and Hearing Association as published in their directory, or to show equivalency.

MRS. GABLE: You say that there are many speech pathologists and audiologists in New York State who do not meet ASHA, who are not members of ASHA.

DR. GILLIS: Yes, I didn't say they did not meet, I said they are not members of ASHA or NSHA.

MRS. GABLE: Do you know if the majority of these, at least meet the equivalency of ASHA requirements?

DR. GILLIS: I could only know that if

they were listed in the Directory of the American Speech and Hearing Association, they would meet this. If they are not members of ASHA or NSHA, and they are not listed in the American Speech and Hearing Association, we have simply no way to know what they are, who they are or what they are doing.

MRS. GABLE: But if they are members of the New York State Association or your Association, you would assume that this would cover the majority of those practicing?

DR. GILLIS: Well, if they are members of New York State Speech and Hearing Association. Now, they meet the requirements for NYSHA and those are similar, although not exactly the same as those of ASHA. If they are members of ASHA, they are listed in the Directory and clinically competent and so certified that they meet the standard of American Speech and Hearing Association minimum. One of the problems, of course, is that we have no information about those who are not listed in either place.

CHAIRMAN CEROSKY: So that we may set the ground rules of the hearing, I will permit questions to be asked by Staff Members of the Commission. Mrs. Gable is a Staff Member of the Commission. Mr. Benowitz is the Staff Coordinator of the Commission. Any other questions, other than those of the Commission Members or Staff, will have to be reserved until such time as you want to testify and we will then take your testimony. In all fairness to those who have come here willingly to testify, we must handle the matter in this way. So we will stay with those ground rules for the hearing. If you want the person that is testifying to speak up, just raise your hand and we will ask them to speak so that everyone in the room might hear.

FROM THE FLOOR: This is not a question, but there was a question from Mr. Morris which I don't believe was answered completely, and that is dealing with the diagnosis.

CHAIRMAN CEROSKY: At the time we allow those who wish to testify, if you want to testify and give a more complete and comprehensive answer, we will permit that.

FROM THE FLOOR: I thought he might give

a more comprehensive one.

CHAIRMAN CEROSKY: I would like to ask one question, Dr. Gillis. Under the proposed legislation of your group, under Article 7807, Section 2, the only reason that I pose the question is that apparently everyone so far seems to be addressing themselves to the Bill that was prepared by your organization. Under that section, in your judgment would that limit or prohibit the use of any device by hearing aid dealers or those in the business of selling hearing aid devices from testing individuals?

DR. GILLIS: Not entirely, but most likely that would be the result, yes. I think that it does say: "Techniques are not publicly described or advertised as services" but I believe that that is true.

CHAIRMAN CEROSKY: So we can conclude from that, that prior to anyone purchasing a hearing aid device, they would probably, in all likelihood under this legislation and licensure act have to obtain some sort of testing beforehand from a licensed audiologist or speech therapist?

DR. GILLIS: Yes, that is the intent, as

far as I understand it.

MR. BENOWITZ: Could the customer per se have to have his hearing evaluated each time he wants to buy a new hearing aid?

DR. GILLIS: I don't know. I would say that if the clause that is written here is strictly adhered to, that this presumably would be the case.

CHAIRMAN CEROSKY: Any other questions? If not, I want to thank you, Dr. Gillis, for taking of your time to appear before our Commission to testify.

The next person to be heard will be Dr. Harvey Halpern, President of the New York State Speech and Hearing Association.

DR. HALPERN: I wish to waive my testimony.

CHAIRMAN CEROSKY: There is nothing you wish to add or to say on the subject?

DR. HALPERN: No.

CHAIRMAN CEROSKY: We are apparently running ahead of schedule so that those who had been scheduled to testify this afternoon, if you wish, may testify this morning.

We will go in the order of the list we have and ask Mr. Alfred Dunlavy to testify, if he wishes.

MR. BENOWITZ: May we have a short recess at this time?

CHAIRMAN CEROSKY: Yes, we will have a ten-minute recess and then proceed.

(Whereupon a ten-minute recess was had.)

CHAIRMAN CEROSKY: The hearing will now come to order. Inasmuch as there has been a great deal of testimony and concern about a proposed bill, I am going to offer into evidence a copy of the proposed Bill, so that we will have it as a part of the record.

(WHEREUPON A COPY OF THE BILL MARKED "AN ACT TO AMEND THE EDUCATION LAW, IN RELATION TO THE LICENSING OF SPEECH PATHOLOGISTS AND AUDIOLOGISTS, AND MAKING AN APPROPRIATION THEREFOR" WAS RECEIVED AND MARKED IN EVIDENCE AS EXHIBIT 1 BEFORE THE COMMISSION.)

CHAIRMAN CEROSKY: I think at this time we should also introduce into the record two telegrams received by the Commission that are relative to this hearing. For those present I will read the telegrams so that you will have knowledge of what is in them.

Most of you apparently have knowledge as to what the proposed legislation contains, so I won't take the time of the people and the Commission Members to go into the legislation. I think the language of that proposed Bill is known to most of you.

As to the telegram, this is to the Chairman of the Temporary Commission of the Deaf for the State of New York: "Unfortunately I was notified concerning the hearing for the proposed act regarding the licensure of the bill to be held at Syracuse on November 5, too late to attend. I have, however, with great difficulty, obtained a copy of the proposed Article called Article 155.

"I am doubly disturbed that the publicity concerning this hearing has not been widespread. I am also concerned about the narrowness of the proposed legislation and the extreme provinciality exhibited by the documents in my hand.

"As one reads the document, one finds that the concept that theASHA should regulate, legislate and completely control hearing and speech in the State of New York is abhorrent and probably unconstitutional. In reading the documents one feels that a group outside of the State and outside of the control of the citizens of New York will have a dominating influence concerning the entire problems of hearing and speech. Not even in medicine do we allow the American Medical Association to dictate our licensure but licensure has always been kept independent of the various self interests based organizations (and I can't make out the language of the next word.).

"The problems engendered by this Bill are many. I would just address myself to two aspects. The first of these is what appears to be a grossly limited supply of properly trained personnel. If one legalizes only those with ASHA accreditation then the supply becomes miniscule. This will result in two types of reaction. The first will be a great increase in salaries paid to those people with certification. The medical and education facility "can at this point ill afford such vast increases. Secondly, almost every institution will have to work illegally in order to fulfill its moral obligation to the patients and clients it serves because there will be so few people who can be licensed. Neither one of these situations are healthy for the State, especially those people with hearing and speech accreditation.

"The second poing which appears to me to have serious question is that as one reads the Bill, one gains the impression that physicians who have much more training than hearing or speech therapists, will not be able to do audiograms or any type of hearing and speech therapy. The ridiculousness of this situation is grossly evident.

"I feel that this proposed bill is a narrow, prejudicial bill promulgated by a small interest group bordering on a lobby, and that consideration of this proposed bill should be stopped. There is a very real need for licensure of hearing and speech therapists. This, as your Committee well knows is also involved with the problem of hearing aid dealers. I feel that the Commission should state the problems, how they "should inter-relate and then come through with a Bill of its own which must incorporate an examining board that generates its own criteria, independent of State and National Societies, lobbies and pressure groups.

"Sincerely Yours, Robert J. Ruben, M.D., Professor of Otorhinolaryngology, Albert Einstein College of Medicine, attendints its Surgery (Otohinolaryngology) and Director Lincoln Hospital, Director of the Division of Otorhinolaryngology, Bronx Municipal Hospital Center, attending in Surgery (ORL) and Director Hospital of the Albert Einstein College of Medicine attending in Surgery (ORL) Montefiore Hospital, Senior MD."

I would like to introduce that as evidence in this hearing.

(WHEREUPON THE ABOVE TELEGRAM WAS RECEIVED AND MARKED AS EXHIBIT 2 FOR THE COMMISSION)

CHAIRMAN CEROSKY: We have one other telegram addressed to the "State of New York, Temporary State Commission to study the problems of the Deaf: The New York League for the hard of hearing favors a Bill proposing licensing of speech "pathologists or audiologists who have fulfilled all the requirements of the Certificate of Clinical Competence as presently awarded by the American Speech and Hearing Association. We believe this will best serve the interests of individuals with hearing impairments in our State who require the professional services of the specialists. We further favor proposed legislation for a State Board to oversee licensing procedures as outlined above.

"Dorothy N. Lewis, Assistant Administrative Director, James McMahon Administrative Director."

We will introduce this telegram also as evidence in the hearing.

(WHEREUPON THE ABOVE IDENTIFIED TELEGRAM WAS RECEIVED AND MARKED AS EXHIBIT 3 FOR THE COMMISSION.)

CHAIRMAN CEROSKY: To continue, we will ask Mr. Paul Gilbert to give his name and the group that he represents, please.

MR. GILBERT: My name is Paul Gilbert. I am presently President of the New York State Hearing Aid Dealers' Association.

When I was first advised of these hearings, Members of the Commission, my initial reaction was one of complete astonishment. I wondered why on earth you audiologists and speech therapists might desire licensing. I know the reasons why Hearing Aid Dealers support the recommendations to license hearing aid dealers.

First, it would be for consumer protection and to guard the welfare of the hard of hearing public. Secondly, it would be to upgrade the standards of the hearing aid industry and to standardize procedures in the distribution of hearing aids. Thirdly, it would be to provide people all assistance against transgressors and those few unethical dealers.

However, I could not see why these regions would be applicable to speech therapists and audiologists. First and foremost, speech therapists engage in work in the educational system and are already licensed by the State of New York. Speech therapists and audiologists working in hospitals are directly under the supervision of medical doctors who are also licensed. Their reasons could not possibly parallel ours, because as far as educational standards are concerned, all of them are college graduates, some have Master's Degrees and some have Doctor of Philosophy and Doctor of Education Degrees.

Although as I have averred constantly for years, fitting of a hearing aid is a learned art, not an exact science, nor could such a bill be to provide penalties against the unethical speech therapist or audiologist. I was astonished to hear there are some because I have never heard of any. All I ever heard about is the unethical hearing aid dealer.

Finally, it couldn't be to protect the consumer because they just do not give the product.

After studying the proposed Bill of Speech Therapists and Audiologists, I must confess to be even more astonished. This proposed Bill would literally make it impossible and illegal for a Hearing Aid Dealer to function. 3

We do not object to speech therapists and audiologists being licensed, provided it does not prohibit the Hearing Aid Dealer from doing what he had been doing for the past seventy odd years, and which we hope to do for the next seventy odd years, take care of the hard of hearing.

This proposed Bill, although making no mention of the Hearing Aid Dealer, relegates him to the role of a clerk in a department store or less, because at least a clerk in the department store can advise and make suggestions. As a result, it would be the hard of hearing who would eventually suffer. We could no longer take care of them and there certainly aren't anywhere near enough audiologists to do the job, especially when it comes to after-care, counselling and services. This is probably one of the most important functions connected with a hearing aid.

What with the population explosion, the probable amendment to the Social Security Law, which would enable all Medicare recipients over sixty-five to come under the provisions of hearing aid prosthesis, eyeglasses and so forth, you can see how this demand for people to handle this matter would increase. No matter how many graduated this year, we couldn't hope to catch up or meet the demand with speech audiologists or therapists.

We do not dispute that these services are essential for children because of all the ramifications involved. But to insist that this is essential for all the hard of hearing is illogical.

The distances that people would have to travel to a speech and hearing clinic, and the time involved, and the additional expense would discourage a hard of hearing person from seeking help, especially the aged and infirm. And this duplicating of services is wholly unnecessary.

The verbage of this proposed Bill eliminates both the audiologists and the hearing aid dealer. I must question the apparent endeavor to control or regulate or dominate the hearing aid industry by making it impossible for the hearing aid dealer to function properly. It is truly unfortunate that a mutually distrustful situation exists where too many audiologists do not respect the hearing aid dealer's examinations, that they encroach upon his legitimate functions and that in the final analysis many audiologists prefer to bypass or completely eliminate the hearing aid dealer in the distribution of hearing aids.

This year officials of the National Hearing Aid Society and the American Speech and Hearing Association had two meetings, one in April and one in August, on a national level in an effort to establish communication and understanding and reconcile differences. Apparently there was a good meeting of the minds. Unfortunately this was completely negated by this particular article which appeared just two weeks ago in publications throughout the United States.

This particular article is taken from the Long Island Press and the headline reads: "Advice on Hearing Aids. Don't buy directly from dealer or chain store." I will not quote out of context. I will quote directly from this article: "Most of the half-million hearing aids sold last year were purchased by consumers directly from a dealer or chain store. This is the wrong way to go about buying a hearing aid says Dr. Kenneth Johnson, Executive Secretary, American Speech and Hearing Association."

They recommend that you get a thorough

examination at one of the 900 hearing aid centers around the country. "Audiologists, University trained hearing professionals determine whether a hearing aid is capable of helping you and audiologists will often help you select the right kind and the dealer best suited to your personal hearing and financial situation. Examination and follow-up costs around thirty dollars. An audiologist can be an important judge because he makes no money pushing any particular brand."

Let me go on: "Doctors and audiologists can't help you adjust to living with a hearing aid. A good dealer can. He fits your aid, adjusts it, gives personal advice such as turning the volume low, then increasing it daily to accustom yourself to the shock of new, harsh sounds." This is so self-evident that it puts the hearing aid dealer's intelligence on a level with the jukes in the callicat family, and it relegates us to that.

Although the headline states specifically don't buy from a chain store, right here it says: "Hearing aids range in price from around $2.50 up to $400.00. You can get from fifty to $100.00 off these prices by getting an aid through a chain store such as Montgomery Ward, Sears, Roebuck or J. C. Penny, but you may get a little less personal attention."

The heart and soul of helping a hard of hearing person is personal attention. The only personal attention you get from any chain store is a chain store letter.

They finish up by recommending that although you are not to deal with a chain store: "Don't buy batteries for $2.75 when you can get them for $2.45 at a chain store." Such bias articles are truly unfortunate. They succeed only in hurting the hard of hearing by creating confusion, suspicion and distrust in the mind of potential and veteran hearing aid users. But they do serve to indicate the attitude of audiologists to hearing aid dealers by denigrating his contribution to helping the hard of hearing. I regret such attitudes and I particularly regret a proposed licensing act for audiologists which would take over the hearing aid industry or endeavor to control or at the very least dominate the hearing aid industry.

I thank the Commission for allowing me to testify this morning.

CHAIRMAN CEROSKY: Are there any questions?

MR. DEMPSEY: Mr. Gilbert, can you tell us how many hearing aid dealers are there in the State of New York?

MR. GILBERT: Yes, Mr. Dempsey, over 300 hearing aid dealers attended our convention up there in Liberty last June. Now, when I say 300 dealers, I mean 300 owners of offices, many of whom have two, three and four branch offices, many of whom employ from two or four up to ten and fifteen hearing aid technicians out in the field, and taking the very minimum there are a minimum of 1200 to 1500 hearing aid dealers servicing the hard of hearing in New York State.

MR. DEMPSEY: Not every one attended your meeting there. There must have been other hearing aid dealers in the State of New York, other than those who are members of your Association?

MR. GILBERT: That is true, Mr. Dempsey. Fortunately, when the Attorney General promulgated the Code of Ethics, which is a voluntary code, not everybody would sign it. Signing it was mandatory to belong to the New York State Hearing Aid Dealers' Association. There are, to our knowledge, at least eighty who are not signers of the code and hence not members of the Hearing Aid Dealers' Association.

MR. DEMPSEY: How many hearing aids does your Hearing Aid Association feel it distributes to the State of New York per year?

MR. GILBERG: Well, I can give you the figures for the first six months of 1970, 19,700, as compared to 21,000 in the first six months of 1969, a drop of about 1500 instruments. If we project that figure, because generally speaking the second half of the year is a little better than the first, we can say that approximately 40,000 hearing aids per year are fitted in New York State.

MR. DEMPSEY: Out of those hearing aids that are fitted, that 40,000 figure, how many are fitted for the first time on individuals who have never worn a hearing aid device before?

MR. GILBERT: I can't give you official

figures on that, Mr. Dempsey, but I can give you my own experience. Approximately twenty per cent of my fittings in my office are on new users who have come in, either as a result of advertising or seeing the office or being recommended by friends or doctors. Another twenty per cent are referrals under Medicaid, professional referrals, and so on the sixty per cent those are the present users who after having used the hearing aid for five, six, eight or ten years, because of the lowering of their speech threshhold, and because the hearing aid itself is pretty worn, require a new one. So I would say twenty per cent new users, sixty per cent regular users and twenty per cent referrals which may be new users or old users.

MR. DEMPSEY: Could you characterize for us the geographical distribution of the Hearing Aid Dealers in the State of New York that are members of your Association?

MR. GILBERT: They cover the entire State, sir. As President of this State organization, I am responsible for the locals in Buffalo, which include the areas of Jamestown, Rochester, Binghamton, Albany and New York City itself, but we cover the entire State, north and south, east and west, it is blanketed.

MR. DEMPSEY: Thank you.

CHAIRMAN CEROSKY: Mr. Morris?

MR. MORRIS: Mr. Gilbert, of the approximately 40,000 hearing aids that are sold annually in this State, what percentage, through your membership, what percentage of these are sold as a result of prescription by an audiologist?

MR. GILBERT: Approximately, well, I will put it as audiologists and medical referrals in one category, fifteen per cent, sir. Eighty-five per cent are sold directly by the hearing aid dealer.

MR. DEMPSEY: One further question, how many of the 40,000 hearing aids sold annually would be to children or youngsters under the age of eighteen?

MR. GILBERT: A very small percentage, under ten per cent.

CHAIRMAN CEROSKY: Mr. Gilbert, I have a question. You refer to the fitting of hearing aids. Can you tell us what goes into fitting a hearing aid?

Is there a testing technique or just what do you mean by the word "fitting" a hearing aid?

MR. GILBERT: A true fitting of a hearing aid means you have to know something about the customer, about his work situation, his social situation. Then you have to test his ears by means of an audiometer, to determine what the pure tone audiogram shows. If there is an air phone, we feel this might be conducive to surgery and we would refer it to a surgeon or an audiologist for possible medication or surgery, which would be indicated.

If it is an ordinary loss of hearing, we take special tests as to a threshhold, where we determine the person's ability to recognize words, and a technique, which after 40 decibels, if their threshhold is reached, they will discriminate speech. Then, based on that and all the information, we try to select a hearing aid which will best enable him to function in a normal society, not in a sound-proof atmosphere, but out in the world.

They have to come back regularly and periodically for checks and rechecks, because as I mentioned earlier, the fitting of a hearing aid is an art and not an exact science. No matter how accurate we are, no matter how good we think we are, and no matter how fine our instruments are, only the wearer of a hearing aid can say when he comes back: "This is no good, this is no good, and this is no good." Well, we will either adjust that hearing aid or get him one with slightly less power until he becomes more tolerant of the world of sound around him. And this counselling goes on forever and forever.

CHAIRMAN CEROSKY: Under the proposed Bill then, under what you have just described as fitting, you would be violating this proposed licensure law of the audiologists.

MR. GILBERT: Yes, sir.

CHAIRMAN CEROSKY: Under that Section 2, Article 7807?

MR. GILBERT: Actually it says : "Only those who are members of the National Hearing Aid Society would be allowed to do that" or have the experiential status.

May I indicate to the Commission respectfully that the Certificate of Clinical

Competency is the Certificate issued by the audiologists private trade association, based on their own standards established by their own personnel, much like the National Hearing Aid Society gives educational courses and awards a Certificate of Proficiency in an examination. But neither one bears any connotation as to the Health, Education or Welfare Department or any State Board of Health approval.

CHAIRMAN CEROSKY: Any further questions?

MR. DEMPSEY: Mr. Gilbert, in your opinion how many hearing aid dealers in your Association would qualify for a license under this proposed bill?

MR. GILBERT: That is a dirty question, Mr. Dempsey.

CHAIRMAN CEROSKY: Clean it up.

MR. GILBERT: I would guess, based on the State, twenty-six States already have licensing for hearing aid dealers, seventy to seventy-five per cent of these people could pass the initial oral and written examinations, twenty-five per cent

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would fail one part or another, but with proper training and review they probably would pass the second time or at the very most, the third time. This has been the experience throughout the States. We in New York feel that perhaps those figures might be a little bit higher because we have established a school for hearing aid dispensing in Brooklyn. We have given several educational courses, both under the supervision of audiologists and otologists who conduct these courses, and we have conducted our own educational courses. Twice a year, throughout the country, educational seminars are given by the hearing aid industry and they are very well attended.

CHAIRMAN CEROSKY: Mr. Benowitz?

MR. BENOWITZ: Mr. Gilbert, how much training in the use of audiometers does an average hearing aid dealer undergo? I raise this question because under the proposed licensure, hearing aid dealers would not be able to screen for the hearing losses and evaluate such. What I would like to know is how much training do you people undergo?

MR. GILBERT: Quite a bit, Mr. Benowitz.

Aside from the instructions given by the manufacturer, we are given expert lessons on the use of the audiometers. Available literature is ready for anyone who wants to read and study it, and in our educational seminars, this is one of the most important parts of our training program, one, how to use an audiometer, and secondly, how to interpret audiograms.

As a matter of fact, at our recent National Hearing Aid Society Convention in Chicago, three seminars were conducted on that very subject, use of the audiometer, interpretation of basic audiograms, and advance audiometric techniques. But we do this, Mr. Benowitz, we are interested in audiograms only as a guide to help us select that instrument that will best help the customer.

We do not give specialized tests. This is not our province. This is the province of the audiologist who is trained to do that in the form of diagnostic testing. We respect this knowledge and his ability and very often we send our people to audiologists when we observe some aberration in the audiogram or something we can't quite figure out. All we do is the very basic material necessary to help us help the hearing aid patient.

We are not diagnosticians. We are not treating them. We are not prescribing.

MR. BENOWITZ: Can you tell me what percentage of your clientele you hearing aid dealers have referred to you by a doctor or an audiologist?

MR. GILBERT: Oh, yes, sir. I have a file in my office this thick (indicating) because the audiologists do reply thanking us for sending the clients and give me a complete report of what it is. I learn an awful lot from them. By the same token, we have also in our files from audiologists letters thanking us for referring people to them for possible medication or surgery. In many cases they are very successful. In other cases we have been advised an operation will not help this individual whereas a hearing aid may.

MR. LEVY: How would you determine if something is irregular in your testing?

MR. GILBERT: Well, when we test an individual, we spot test and we re-check. An audiogram generally, if a customer has nerve deafness, will show a descending curve. If it drops and then goes up, we can suspect it is malingering. Some people try to make claims for insurance,or if the audiogram is all out of whack, we know it is out of our province. This may be indicative of some other physical situation which should be determined by future testing by a skilled audiologist or an otologist.

CHAIRMAN CEROSKY: Are there any other questions? If not, on behalf of the Commission, we want to thank you for taking your time to come here and speak to us.

We will recess now for lunch and reconvene at one-thirty.

(Whereupon a recess was had until 1:30 o'clock.)

CHAIRMAN CEROSKY: The hearing will now convene and we will take up where we left off.

Before we call on the next person that wishes to testify, I have had a request from the last person who testified, Mr. Paul Gilbert, that the record be set straight that he misunderstood a question posed to him by the Commission's Attorney, Mr. Dempsey. That question related to what percentage in his judgment of hearing aid dealers were eligible to be licensed under the proposed Bill licensing audiologists and speech therapists. Mr. Gilbert wishes to correct that statement of seventy-five per cent and say that no hearing aid dealer would be eligible or qualified under the terms of the proposed Bill.

Is that correct, Mr. Gilbert?

MR. GILBERT: Yes, thank you, Mr. Cerosky.

CHAIRMAN CEROSKY: We will now proceed with Dr. Miller. Will you give us your name and the group that you are associated with?

DR. MILLER: I am Dr. Maurice Miller. I am Associate Professor in the Department of Otorhinolaryngology at the New York University Medical Center and Coordinator of the Hearing and Speech Centers of the University and Bellview Hospital in New York and Audiological Consultant for the New York City Department of Health.

I speak today as a former President and Vice President of the New York State Speech and

Hearing Association and present Member of the Executive Council.

The New York State Speech and Hearing Association has been concerned with the protection of the public welfare and safety for many years, and the Bill that we are discussing today is the result of over four years of direct and intensive concern with the development of a piece of legislation which will protect the public. We do not, as you know, sell a product, but we do provide a service, as do physicians and psychologists and social workers in the field of the public work.

We feel that the public must be protected and must be granted minimum protection in terms of the qualifications of the personnel who provide these services. We feel it is at least as important to protect the public who receive this service, as it is to protect them in the sale of the product.

Now, what the profession is concerned with is not doing hearing aid evaluations, although this is a very, very small part of our total professional activity. We are concerned with disorders of communication, with every aspect and evaluation and treatment or therapy of persons who had disorders of communication, either on the receptive or receiving end or on the productive or expressive aspects. Our personnel are concerned with the person who has had a stroke and has lost his ability to communicate, with the cerebral palsy child who is multiply handicapped, and in addition to his very obvious neuromuscular problems is unable to communicate with his fellow men. We are concerned with the child or the adult who has a voice problem, with the man who has had cancer of the larynx and has had his larynx removed and needs to be taught a new method of voice production. We are concerned with the child and the adult with cleft palate and all forms of maxillary facial abnormalities. We are concerned with persons who have problems in articulation, in the production of speech sounds and are unable intelligibly to communicate with the rest of the world. We are concerned with every individual whose inability to communicate is of sufficient severity to interfere with his ability to hold a job or get a job, to maintain normal contacts with his social environment.

I see hearing aid evaluations, which have occupied so much of our time today, as a relatively small portion of the total responsibility of this profession of communication disorders. I think it is necessary to put this in proper perspective. We have more speech pathologists than we do audiologists and hearing aid evaluations occupy something like one-fifth or less of the total professional activity of most audiologists.

I think the concerns that have been expressed by our colleagues in the hearing aid industry are important, but I think we must look at this Bill, which is for the licensing of speech pathologists and audiologists, of which audiology is but one part and of which hearing aid evaluations are but a smaller part.

Now, NYSHA, the New York Speech and Hearing Association, has been concerned directly with the raising of standards of personnel, and protecting the quality, what the public gets from our practitioners directly through this licensing. This is true but indirectly in a variety of ways we are doing the same thing. We have been concerned about raising qualifications of our personnel. We now require a Master's Degree for membership, both at the State level and at the National level with the American Speech and Hearing Association, which incidentally, to respond to my distinguished colleague from Albert Einstein, is not an outside group.

There are 1200 practitioners of speech pathology and audiology in New York State who are Members of the New York State Speech and Hearing Association. We are part and parcel of the development of the National policy and if the organization is not serving the public, it is our fault, because this is our responsibility. So we are not involved in this legislation or being ruled by an outside group.

I would also suggest to Dr. Ruben that it would be rewarding for him to review the actual Bill because at no point do we say that a hearing aid evaluation or an audiological work-up, done by a physician, would not be considered satisfactory or acceptable. Specifically physicians along with other groups are excluded. This is very clear on page four, Section 7802. (I am sorry, that is the grandfather clause.) Please look at page ten, Section 7807, Section 2, the use of the tools, tests, instruments or techniques which are the common property of the profession of speech pathology and/or audiology and other related professions such as medicine, clinical psychology, nursing or other persons who are properly licensed or registered under the laws of the State of New York, so long as those tools, tests, instruments or techniques are not publicly described or advertised as services.

Nothing in this article shall be construed to limit. Therefore, a physician, in the course of his professional activity, can certainly perform a variety of audiological services, limited only by his qualifications to do so as determined by the members of his own profession. They are specifically excluded.

I think there is great need to re-read this Bill. My former student who testified this morning, Mr. Gilbert, a very good student, but I am not sure he read the Bill that we are talking about, because there seems nothing here suggesting an attempt by audiologists, as a profession, to take over the hearing aid industry. The American Speech and Hearing Association, in its Code of Ethics, prohibits the sale of a hearing aid or its accessory by a member of the Association. There is nothing in this Bill suggesting that audiologists will be involved in the dispensing of hearing aids.

It may very well be, in terms of the amount of response that I have heard about this Section, that it ought to be looked at again, but perhaps it should be clarified and that perhaps hearing aid dealers might be excluded, along with physicians and clinical psychologists from the provisions of the Act, which really is not our only concern. Our concern is with the upgrading of the qualifications of audiologists and speech pathologists. These are our own practitioners. We wish to make clear they are qualified to provide the highly difficult and challenging work that they must do. After all, they are concerned with modifications of the most complex form of human behavior, which characterizes an organism and is more complicated than practically anything else we do.

We feel that the development of this Bill is a natural course in the evolution of the raising of those standards. My own interpretation of this ambiguous section is that no dealer would in any way be prevented in performing a pure tone test or any other test in the course of selling a product, but whatever he does, and this was the point brought out by Mr. Gilbert, he would do this in order to determine which hearing aid is appropriate for the client, that whatever he does in the course of dispensing this hearing aid is certainly adequate and in no way is excluded by the provisions of this legislation.

There is a reference as to whether the dealer or any other group should publicly advertise hearing tests as a service. I think this is worth very, very careful consideration and this Bill is not in its final form. This is the product of four years of deliberation within the Association, of careful canvassing of the opinions of our membership in every part of the State. It will be changed, it should be changed, and we certainly would bring back to our Licensure Committee any recommendations regarding this Section, if it is thought that this interferes with the ability of another group to carry out its primary responsibility.

Now, we have been concerned, as I mentioned, with the evaluation of professional standards throughout by the raising of our academic requirements, of the kind of clinical practica that our members receive of the settings in which they are supervised in performing these activities, in the quality and the training of the supervisors in the registration of the clinical fellowship. All of this reflects a concern, and nationally and on the State level, for the upgrading of the qualifications of practitioners.

NYSHA has been concerned with the passage of a Code of Ethics which specifically delineates ethical and unethical practices as they are involved in the dispensing of services to the public. So we see licensing as the culmination of a long period of effort to upgrade the quality of the personnel who are serving the public, and we feel that the public requires this kind of protection and that this is the natural evolution of the growth of the profession and the recognition by the public of the importance of this kind of service.

NYSHA supports this Bill to license speech therapists. We have canvassed the State. We have conducted symposias in Albany, Buffalo, Syracuse and many other places and we have published various versions of the licensing bill in our publications. We have attempted in every way possible to elicit the response of our membership, and this is the document, in the present stage of our thinking, subject to revision and improvement as the need exists.

Now, the Bill will not protect all consumers. I think the opening speaker indicated his concern with its effect on teachers in public school setups. Most licensing bills of this type wind up as involving practitioners who provide services to the public at a fee. A private practitioner is certainly very, very definitely and clearly affected by the provisions of this. An individual who works in a voluntary or a proprietary hospital which charges fees for its service will also be involved. It will not have an affect on speech and hearing personnel in public schools who are certified by the Department of Education, and it will probably not affect, based upon the experience of Florida, it will not affect personnel who are employed by the Governmental Agencies at any level -- municipal, State or Federal.

Having said this, I would like to comment on the point raised by Mr. Dowling on whether the composition of the Board of Examiners which would administer the provisions of the law, not ASHA, Ladies and Gentlemen, not the American Speech and Hearing organization. They will not be implementing the provisions of this or any other Bill. This only allows us to protect persons who are already in practice at the effective date of the Act. This is part of the grandfather provision, but beyond the initial period of the Act, the Bill will be enforced by a Board of Examiners, speech pathologists and audiologists. There will be three audiologists and four speech pathologists and I think we can assure Mr. Dowling and others that there will be representation on this Committee of the diverse settings and populations with which our people work. Certainly there would be somebody with a major interest in cleft palate and somebody with a major interest in articulation work, one who would work with voice, one in hearing. But the Bill covers the licensing of personnel who are responsible not for a cleft palate child or a child with a voice problem or an adult with brain damage, but it covers a person with a communication disorder, and there are certain basic skills and knowledge which practitioners of this field must be capable of mastering if they are to work with any segment of this population.

It is roughly analogous to the
licensing of physicians by New York State, and
this is a license which crosses over lines of
medical specialty, whether the individual will
5 be a laryngologist, a Board certified member or a
dermatologist or a surgeon will be determined at a
later date by the Specialty Board of the Medical
Profession.

What we are talking about is analogous

to the licensing of a physician by his State, and that license is the same whether he is in general practice or whether he is going to enter a specialty. I reiterate again that the Bill, as I have read this, and I have read this very, very carefully (and I wish others would do the same), does not stop the hearing aid dealers from doing hearing tests as part of the sale of a product. It does not prevent a physician from carrying out an audiological procedure. It does not stop a psychologist, who is involved in auditory research, from testing humans or animals. All of these groups are specifically excluded. Whether hearing aid dealers should be excluded is a negotiable point of future discussion. We specifically eliminated it simply because the licensing of dealers was in progress at the time and we felt there might be some overlap and we elected, and this is subject to review, not to include any statement on dealers.

Mr. Benowitz earlier asked the question of whether a hearing test should be done each time a new hearing aid was prescribed. This is my own personal bias. I am not talking for NYSHA or ASHA or anybody else. I think somebody should test the hearing of every hard-of-hearing person before he buys a new hearing aid. His hearing may have deteriorated, it may have gotten better. He may have developed a middle ear problem which requires treatment. He may have acquired any number of problems which require treatment which are superimposed upon what he had. I would like somebody, not getting involved in who should do it, to reexamine him prior to the purchase of a new hearing aid. This may be only a pure tone conduction recheck, which may be adequate, but I think it should be done.

Mr. Dowling raised questions on the grandfather clause which I will not discuss. This is covered in Section 7602 on page four. There is an attempt to protect the livelihood of persons who are practicing legitimately their profession at the time that the Act goes into effect. We have wrestled with this through the long hours of the night and we have held meetings on every level, in every part of the State, and this represents a compromise between those who would be much broader in grandfathering all persons who are in practice at the time, in contrast to those who would grandfather no one. There is prec~~i~~edent for both points of view. We have tried to strike a compromise and this is the best we have been able to come up with at the present time.

There is a risk involved in licensing legislation as the Members of this Committee and its Chairman are aware. In order to protect the livlihood of people who are legitimately practicing at the time, you may confer upon them a degree of protective status which their own training may not justify, but what you get in exchange for this involves a long range improvement in the qualifications of the total number of personnel. This is true because through attrition, through retirement, through death, these persons are replaced by others who are the products of current training program and who, in turn, will have to meet the examination which will be conducted according to this Bill by the Board of Examiners appointed by the State Department of Education, not by any Association bt by an Board of Examiners representing persons in different areas of the specialty.

This concludes my remarks and I thank you for your time and attention.

CHAIRMAN CEROSKY: Thank you, Dr. Miller.

I would like to take time to introduce to the Commission and Commission Members, and also those in the audience, that we have with us Assemblyman and Congressman-Elect John Terry from Syracuse.

Are there any questions of Dr. Miller?

MR. DEMPSEY: Doctor, I am not quite sure I understand the rationale behind the exception contained in Section 7807-1 where you except from coverage of this Bill people employed in a public school or a Government Administrative Agency, if you were to contemplate that these people would render services comparable to those that might be rendered in a private practice.

DR. MILLER: I would probably have to defer to those who are more knowledgeable on the legal aspects of this. The precedent in Florida and the proposed Bill by the American Speech and Hearing Association tends to except these groups even though this is providing the same service, because the control of the qualifications of such personnel is vested within agencies that these people are responsible to. For example, the audiologist working in an audiology and speech program at the Veterans Administration is required to meet the qualifications of the Federal Civil Service Program. The practitioner in the public school must meet the requirements of the State Department of Education, and it has its own certification requirement. The experience has been that the persons to whom this applies most directly are those who charge the public a fee for service. Physically I agree with you that since the services are identical and the training requirements are identical, it would be desirable for persons across the board, regardless of their settings, to be covered. I am not sure you can do this legally. If you could, I would very much like to see the kind of qualifications we have spelled out applied to persons regardless of whether they meet this rather arbitrary criterion of service because in my experience, if there is a fee for services in these situations, the taxpayer is paying it. There is no free service and in the for instance Veterans Administration we are paying for the service and this is an expensive service.

I will say in many of these programs, the qualifications are extremely strict. There are examinations required by the division which administers the program and there is a degree of protection there which often does not exist for the private practitioner.

The other necessity for licensing the private practitioner, I think, is that he is pretty much out by himself. He represents this profession in providing his service independent of contact with the variety of other people in his own and related professions. The speech patholgist in a municipal hospital does not have this difficulty. There are a variety of people within his own field and in related fields to whom he can easily relate for assistance. In private practice, this is generally not the case. The individual stands alone. I think the public requires greater protection from a purely pragmatic point of view when he gets his service directly from the private practitioner.

MR. DEMPSEY: In your opinion, from your experience, are the testing requirements for the standards set by the State or Federal Agencies up to or equal to the standards which you feel should be applicable?

DR. MILLER: It varies. In some cases they are higher and in some cases not so high, but the general trend is to increase them and upgrade them. More and more employers, regardless of the position that they are trying to fill, are asking whether the individual has met the requirements for the Certificate of Clinical Competency in speech pathology and audiology by his National Association. If we have a licensing bill, I would anticipate that employers would ask whether the individual is licensed by his State. But this certificate requires very intensive training in every aspect of speech pathology and audiology work with the cleft palate, implantation, requirements in great depth. There are laboratories connected with many of these activities. These are not seminars or two or three-week courses. I think it is important for us to differentiate between a course that goes over a period of six years, that involves laboratory work, that involves experimental procedures and setting up of a seminar at a convention which we do also for a more limited period of time.

I think the objectives of the two kinds of programs are very, very different. The certificate also requires 270 hours of supervised clinical practice and one year of supervised experience. I think more and more often the employer wants to know: "Are you certified?"

We are a young profession. We are not nearly as old as the classic professions of law and medicine and it has taken us a very long time to let hospital administrators, school administrators know who we are, what we are and what we do. It has taken a long time to know there is an American Speech and Hearing Association, that there is a State Association and that we do have qualifications, but I think we are moving in that direction.

MR. DEMPSEY: I have one further question that deals with the draftsmanship on the Bill itself. On Section 7807-2, which deals with the tools of the trade and its relationship with Section 7805 which prohibits, the way I read this Section 7805, and contains pretty much a blanket prohibition as to who can and who cannot offer themselves or offer audiological or speech pathology service to the public. It seems to me that as you indicated from your remarks, that the Bill was primarily concerned with the upgrading of your profession and not with the restricting of the practice of a hearing aid dealer, that this bill might it not, under Section 7805 contain a prohibition against the conduct of the hearing aid dealers' business, as we know it? Yet under Section 7807-2 it permits the use of those tools in the trade. There is kind of a distinction between tools of the trade and professional services.

DR. MILLER: Well, as I interpret this, Mr. Dempsey, speech pathology and/or audiology services refer specifically to that which members of speech and hearing professions are trained for and should be qualified to perform. Now, this includes a variety of hearing testing for diagnostic and rehabilitation purposes. I see no restriction on the performance of a hearing test, regardless of the level of intensity of that test-speech, tolerance, and so forth, if it is connected with the sale of a product. Then, it is really a matter of responsibility of the hearing aid dealer. If it is an audiology service, then we are concerned in improving communication and the sale of that product is not within the domain of the professionally trained audiologist. These are quite clear in my own mind and I think that that difference should be maintained.

MR. DEMPSEY: Maybe a question of definition then is in order because your definition of audiological services again is pretty broad as it appears on page two of the Act. It indicates in one of the last phrases: "Are used by the person or organisation offering them to describe clinical services pertaining to the determination of the extent and nature of hearing impairment and the management of handicaps associated therewith." I just suggest to you that perhaps it is a question of redefining it to meet your specific intention.

DR. MILLER: The specific intention here

is to describe every aspect of the service given to a hard-of-hearing patient that involves the measurement of his degree of handicap, his relation to ability to function, his need for some kind of special management, surgical, medical, rehabilitative, educational, and if it does involved, as part of rehabilitation, the recommendation of a hearing aid, the audiologist will refer the patient to the hearing aid dealer. If he is an audiologist, he is going to make the referral to the dealer who represents an indispensible part of the way in which this type of health service is now provided.

Now, the dealer may be doing some of the same hearing tests that the audiologist does, and I see no real conflict in that, any more than ophthamologists and optometrists use some of the same tools. But the audiologist is concerned with the determination of whether speech, reading and auditory training and speech conservation is necessary, giving the opportunity for communication to a hard-of-hearing child. The dealer will do these tests for the purpose as was explained earlier of determining whether a hearing aid is needed, and which hearing aid is indicated among those that he has access to. So the tools may be the common property of both groups but they are being used for different purposes.

I think there are many analogies to these in the field of the healing arts.

MR. DEMPSEY: Thank you.

CHAIRMAN CEROSKY: Any other questions?

Mr. Morris.

MR. MORRIS: Doctor, the Health Department publishes a list of approved speech pathologists and audiologists and lists another category which doesn't appear to be defined in your Act, that being hearing clinician. What is a hearing clinician?

DR. MILLER: Well, while we are on terminology, can I also suggest to the Ladies and Gentlemen at the table that the term is speech pathologist and not speech therapist. Speech pathologist is in the Act but in the information that was submitted to the President, the word "speech therapist" was listed, which is no longer acceptable to the profession.

A hearing clinician is one who generally holds a Master's Degree in the field of audiology and/or speech pathology, who is a Member of the American Speech and Hearing Association, and who is primarily active involving carrying out of auditory rehabilitation services. This would include auditory training, speech reading or lip reading, speech conservation, speech therapy for the hard-of-hearing. It might, under certain conditions, include language and speech development for deaf children.

The term audiologist is the generic term. A hearing clinician is an audiologist and I think hearing clinicians probably are obsolete or an obsolescent term which will be replaced very, very shortly by the more accurate audiologist and speech therapist and a speech clinician has now been replaced by a speech pathologist. This is kind of the game of what do we call ourselves, and this is undergoing a historical evolution. I think hearing clinician and speech therapist are rapidly becoming replaced by speech pathologists and audiologists.

MR. MORRIS: I asked the question,

Doctor, because in the list of approved vendors through the State, they list them separately. Some of them are listed as speech pathologists, as hearing clinicians and audiologists and some are merely listed as audiologists.

DR. MILLER: That probably relates to whether their certification and their primary area of specialization and interest is speech pathology or audiology. If their primary interest is speech, they probably would be called speech clinician or speech pathologist. If their primary interest is in the line of hearing, they will probably be called audiologists. But I think the term "vendor" is in error, Mr. Morris, because I think that would refer to the group that dispenses hearing aids.

MR. MORRIS: No, they are vendors of services through the State. A physician is a vendor of services.

DR. MILLER: Well, I think the best person to direct that question to is the Speech and Hearing Consultant for the New York State Board of Health, who is in the audience here. As far as I know, it reflects whether their basic interests and qualifications are in hearing or in speech.

Am I allowed to ask her if this is correct?

CHAIRMAN CEROSKY: Perhaps Dr. Harro wishes to comment.

DR. HARRO: Mrs. Margulies has offered to make that comment.

CHAIRMAN CEROSKY: Would you care to comment?

MRS. VIVIAN MARGULIES: With respect to what hearing clinician means in our list under the Department of Health list, the list contains the names of people who have applied for approval for the Health Department Programs, any programs under the Health Department. This might be a hospital situation, a nursing home situation. It might be
6 under the medical rehabilitation program and we have three levels, not three levels but three kinds of approach. One is a speech pathologist, which I assume all of these, all three groups must have the Master's Degree. The speech pathologist, which you are familiar with, the same standard as that of the American Speech and Hearing Association. The

audiologist is the same also, except that we do not permit the grandfather in there. In other words, the American Hearing and Speech Association at one time there were two levels of certification, and we do not allow for those people who were grandfathered in, who had only achieved a minimal amount of work in audiology. In the third group called here clinician, we had a particular problem in New York State, particularly after the rubella epidemic and that is that many speech and hearing centers located in hospitals, and some are independent out of the hospital, wanted to hire teachers of the deaf with Master's Degrees to work with the young deaf children. So we developed this category called hearing clinician. These must have a Master's Degree.

Some speech pathologists have not worked in oral rehabilitation. This was particularly true prior to our present standard, so they might not have had courses of lip reading and you had to take oral training. We were concerned that such people did not treat hearing handicapped children on a fee for services basis under the medical rehabilitation program. This is not particularly a problem in clinics and hospitals where there is supervision, but this is a problem in rural areas where a child may be evaluated in an upstate medical center and then goes and has the therapy from a private practitioner in the field. So we wanted to make sure that they had these two courses.

Does that sort of answer your question?

MR. MORRIS: That certainly does, thank you very much. What I was trying to determine is whether this licensing act would tend to reduce the number of practitioners available to the public in the State.

DR. MILLER: I think it could probably work in the opposite way, Mr. Morris. It might encourage persons who are providing services for a fee to meet the requirements of the licensing law in order to be acceptable to the State Department of Education. Beyond that, I think the increase in the number of personnel is a reflection of the activity of the training programs and more and more colleges and universities are now offering graduate training programs on the Master's and Doctorate level. These instructions, as you know, are faced with the same cut-back of funds that has affected other aspects of research, medical and scientific investigation. I would hope that as one of the future activities of this Commission, we might see what we can do together to get a restoration of some of the funds which were supported fellowships and scholarships for students in graduate programs. I think this is the real question of whether we will have enough people to meet the demand. I think it goes far beyond our present licensing law. I think the training institutions would accept it and would include this in the requirements that they would make of their students in training, and that they would probably encourage them to have licensing as an objective for eventual employment to private practice as they now encourage them to meet the requirements for the Certificate of Clinical Competency.

SENATOR PRESENT: Dr. Miller, a Bill has been proposed which would establish licensing, and I think the State or the Legislature in particular, when they look at a question like this, we should determine why is it necessary? You say your organization for four years has been studying it and gathering data. You say the public needs protection. I would like to know protection from whom? And further, I would like to know, if you can provide it, are there some facts, available facts, as to why we need it? I think that should be our basic question first and that hasn't been answered at all here today.

DR. MILLER: Well, I think first of all, when we deal with a person who has a speech and hearing problem, we may be looking at one aspect of a person who has problems in other areas and that they may require a certain degree of professional competency and sensitivity to make certain that the patient is directed through the right channels. There are, unfortunately, persons who are providing services independent of the other aspect of care that the communication disordered patient needs, and I think that this kind of licensing would help to protect the public from that kind of practice.

I think there are schools that offer to cure stuttering through correspondence courses. Audiologists may claim to cure deafness through various kinds of exercise. Speech pathologists may be treating patients with voice problems without an adequate preliminary medical investigation. Claims are made to patients for improvement which are unrealistic. There are forms of managing brain damaged children which involve alleged improvement in speech production which may be very, very questionable.

I think the public ought to have protection from that segment, small admittedly, and hopefully, of our profession or tangential to our profession, in order to prevent serious damage to these people. I think we have gone beyond the point where we can have somebody hanging out a shingle and calling themselves speech therapists. We have education teachers sometimes in the country without the varying knowledge of pathology who are working with seriously disturbed people.

Admittedly, the licensing itself won't solve this problem completely.

SENATOR PRESENT: You have answered the first kind of question but factually, is there evidence as to the degree of protection that is needed and why?

DR. MILLER: Senator, it is very difficult to get at this information, because in order for it to be made public, it means that an individual is going to have to report another individual in his own specialty, or a related profession. He will have to get involved in the cost and the time of lengthy legal proceedings, and generally is hesitant to do this.

The old philosophy of not wanting to get involved is, of course, brought to mind. I think that this is kind of an iceberg. What we know about is a small fraction of some of the things that are going on that should not be going on, and we have an obligation to do something about it.

The number of actual reported cases in the courts is very, very small. This is true not just in speech pathology but in other fields as well. It is unfortunate but people don't want to get involved in this kind of attack on another member.

SENATOR PRESENT: So as a result of what you have just said, it would be difficult to really justify this, other than in broad terms as you have explained it?

DR. MILLER: Well, we have a Ethical Practice Committee of the New York State Speech and Hearing Association which has a file on reported unethical practices, many of which have not been followed through. In many cases they should have been followed through and the Ethical Practice Committee of the American Speech and Hearing Association has a similar file. I am sure it could be examined very carefully but I think it would tell a very small part of the total picture.

Nor do I claim that licensing is going to get rid of all the malpractitioners, but perhaps it might discourage a fairly large number who might otherwise do those things. Perhaps we need that kind of external control.

SENATOR PRESENT: You talked about teachers or those practicing the profession in public schools and public agencies, Federal, State and so forth. How about those who practice it in the private schools? Do you feel they would come under the provisions of this proposed law?

DR. MILLER: If it is a private school

or a school operated by the church, we have some of those, a school for emotionally disturbed and mentally retarded children, and there is a fee charged for the speech service offered, then I certainly think it would cover it. I think those practitioners should be covered because very often these schools are running at a deficit and in order to cut budgets and so forth, we don't always get the kind of people that the children and adults really are entitled to.

MRS. GABLE: Just one question, since as you said, licensing would probably be aimed primarily at the private sector of this profession, do you have any idea of what percentage of the total we are talking about?

DR. MILLER: That is a very hard question to answer. I don't want to hedge because we have a relatively small number of people in our fiel in private practice, but a very large number who hav part-time private practices. These are figures that are available in the National Office of the American Speech and Hearing Association. I can't quote them. I didn't come prepared to play the numbers game, but the number in part-time private practice, who also have full-time appointments in hospitals and full-time teaching appointments is very, very large. Very often this is the kind of an operation that goes on after four o'clock, and before the speech pathologist's husband gets home. She sees a few patients and there are children present. I would like to see this kind of an operation meet the minimum professional requirements and I think the licensing bill would be very successful in getting at that group of practitioners which has been of great concern to the profession.

I would like to see qualified personnel in that situation who would have office space, separate from the home, who would have minimum audiological and speech pathology equipment and a good record keeping system, and would render the same quality of service there that you would get in any other kind of program. I think that is one weakness in the way in which speech and hearing services are carried out, which would directly be affected by a licensing law.

MR. BENOWITZ: I am sure you are familiar with the law that was passed in Florida. How does it compare with your Licensing Act through the use of the Florida Law?

DR. MILLER: I think we ought to look at the Florida Law. It sets the precedent. It was the first Licensing Law for speech pathologists and audiologists that was passed, and it is interesting on the question of exclusion that physicians, nurses and psychologists are not excluded nearly as specifically as they are in our Bill.

To quote from the Florida Bill: "This Act in no way restricts the use of the tools, tests and instruments or techniques that are the common property of the profession of speech pathology and/or audiology and other related professions, so long as these tools, tests, instruments are techniques are not publicly described or advertised as services." Very general terminology.

There is no reference made to a hearing aid dealer and I have heard no reports and neither has my colleague, Dr. Feldman, heard any reports about serious curtailment in the number of hearing aids sold the State of New York since passage of this Act, or serious restriction in the activity of the hearing aid dealers. This has not been their experience in Florida.

But in response to the original discussion, we would certainly listen very carefully to a recommendation for spelling out the exclusion of the role of the hearing aid dealer from the provisions of this Bill.

Otherwise, there are many, many similarities. It does not involve the practice of speech and hearing in public school settings or in governmental positions. We had access to the Florida Bill in the development of our own proposed Bill and have been in communication with speech and hearing people in the State of New York. We looked at it very carefully. We think we have improved on it and we think we can do even better. Ours is a little more inclusive.

CHAIRMAN CEROSKY: Doctor, I am a little confused. We had two other people testifying earlier saying that they felt they certainly would not be able to render tests by hearing aid dealers in order to fit devices and yet your testimony seems to be in direct opposition to that testimony.

In reading the proposed Bill, I would suggest that perhaps the language under Section 7800, paragraph five, would indicate that in my judgment, at least, any one that rendered such test would have to be licensed, or in any event, under this proposed Bill be licensed as an audiologist or speech pathologist. It quite clearly spells out that provision, does it not?

DR. MILLER: Well, I am not the best one on the legalize of this kind of legislation. Here is my amateur's attempt at it. Page ten says 7807 is the Section: "Nothing in this article shall be construed to limit ---" and then it says: "The use of the tools, tests, instruments or techniques," and so forth, so long as these tools, tests or instruments or techniques are not publicly described or advertised as services. Now, my interpretation of that is that the dealer who tests hearing as part of his function of dispensing and servicing a product is in no way stopped from doing this.

CHAIRMAN CEROSKY: Now, I am more

confused because paragraph five of Section 7800 reads: "The practice of speech pathology and audiology shall mean the application of principles, methods and procedures of measurement, prediction, diagnosis, testing, counselling, consultations and instruction related to the development and disorders of speech, language and hearing for the purpose of modifying speech, language or hearing."

DR. MILLER: These describe the functions performed by a speech pathologist or an audiologist.

CHAIRMAN CEROSKY: Wouldn't that limit the use of any testing equipment to speech pathologists or audiologists?

DR. MILLER: I don't see that at all. Certainly it eliminates their use by medicine, psychology or nursing or any other persons who are licensed or registered. They are specifically excluded in 7807-2, and my interpretation is that a dealer could certainly use all of these tools as long as he doesn't advertise them as a service. That is the key phrase "advertise as a service".

In other words, the audiologist performs a service. The dealer provides, sells a product.

If he is doing the testing for the purpose of selling that product, then he is in no way, as I interpret this, limited in the performance of his activities. But if there is confusion, and I acknowledge from your comment and from my own initial reading of this, that this should be spelled out, we would certainly propose to our Licensure Committee that they reconsider the possible exclusion of hearing aid dealers from this, so that we would not infringe upon their activities at all. This is not our objective. We are trying, obviously, to raise the qualifications of people who treat the communicatively handicapped. Along the way, if we have failed adequately to exclude another group, we certainly ought to do it.

CHAIRMAN CEROSKY: In line with that questioning, I assume from your earlier comments, that this Bill was drafted at the time legislation was introduced licensing hearing aid dealers, and therefore, the provision under paragraph two of Section 7807, who are properly licensed or registered under the Laws of the State of New York, is that correct?

DR. MILLER: I lost you, Mr. Cerosky. What page is that?

CHAIRMAN CEROSKY: Page ten. We are talking about the same paragraph that you pointed out.

DR. MILLER: Well, these professions that are referred to, are already licensed and registered.

CHAIRMAN CEROSKY: If hearing aid dealers were not licensed or registered ---

DR. MILLER: It would have to be a separate clause which indicates, assuming the dealers at that point are not licensed, that the hearing aid dealers in the course of the performance of their services are excluded from the provisions. It would have to be separate from the listing of the registered and licensed professions.

CHAIRMAN CEROSKY: That leads me up to a final question, does your group or do you feel that hearing aid dealers should be licensed by the State of New York?

DR. MILLER: Yes. We think that there should be a clear delineation of the role and responsibility of the dealer, along with a very, very careful statement of what he does, of advertising practices, of service facilities, of everything that we know is involved in the kind of service that reputable hearing aid dealers, who constitute the majority of the group, provide for their patients. We have reservations about the Bill that was previously introduced here and we have already testified to some of those objections. We have not canvassed the membership of our Association on how they feel about licensing of hearing aid dealers simply because this is not our primary concern or interest. We feel we do have the concern of upgrading the qualifications of our own people.

CHAIRMAN CEROSKY: You would agree that it is extremely related to your question.

DR. MILLER: There is no question that in the area of audiology, in the performance of the hearing evaluations there is an area of overlap, but I maintain, if you look at the total activity, service, teaching and research of the field of speech pathology and audiology, hearing aid evaluations represent a very small part of the pie.

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At the University in Bellview Hospital, where I figured out the number of hearing aid evaluations over a period of several years, we were doing something like eight or nine a month at each institution, compared to thousands of pure tone audiograms. We also had imposed much surgical work-ups, differential diagnosis for the site of lesions, voice and speech evaluations. This really represents a small part of our total area. So I would say the objectives of this licensing are so much greater that in justice to them, to get hung up too much in that one area is not a very good thing. Admittedly it does get us involved in an area of potential overlap with the hearing aid dealer group, which should be clarified.

CHAIRMAN CEROSKY: Any other questions?

DR. HARRO: Mr. Cerosky, I am concerned about the possibility of licensure causing a still further shortage of this type of person and I see on Section 7804 that the license could be revoked or suspended if a person is or has been a drunkard or an addict or committed to a mental institution. I am wondering whether this is just plagiarism from some other law?

DR. MILLER: I hope so, Dr. Harro. I am terribly disturbed, on a personal basis, that a field that is committed to rehabilitation of the handicapped would exclude an individual who might have been in a mental institution, say, some twenty years ago. I think this is unconscionable, not just in terms of the number of practitioners but in terms of humanity.

DR. HARRO: This is what I am concerned about. This is the other part of the picture.

DR. MILLER: If there is a precedent for it, I think we ought to examine the precedent which leads to its inclusion in some other bill.

DR. HARRO: It is a permissive part of the Act, but the "has been" is what gets me, not so much as "is".

DR. MILLER: If he is in a mental institution, he is not in a position to do anything.

DR. HARRO: He certainly should be suspended.

DR. MILLER: He is de facto suspended under those conditions.

DR. HARRO: You don't know our

institutions.

CHAIRMAN CEROSKY: That is another complete study of that problem. Any other questions? If not, thank you very much, Dr. Miller, for taking your time to come here today.

We have next on the agenda Dr. Leo Doody.

DR. DOODY: Members of the Committee and those present, I am Leo Murray Doody, Jr.. I am an Attorney-at-Law, admitted to practice in the State of New York. I am here appearing as Counsel to the New York State Hearing Aid Dealers' Association.

I don't want to be redundant or to go over those matters which have already been raised by questions by the Board here. I do have a few suggestions, not suggestions, I would probably say objections to the Bill as drafted. When I came up here today, from the Notice of Hearing, I understood the purpose and intent of the hearing was, first, to determine whether or not licensing of the speech pathologists and audiologists was a matter to be pursued by the Committee. I find that we are faced here with a proposed Bill to be submitted, which is a slightly different position.

However, I am confining my comments in print to the matters that have gone on, testimony taken up to this point. One thing that I am concerned with, it seems to be an appropriation to itself by NYSA or the other national organization here, to control the field involving the testing of hearing. We as an Association are not concerned with speech pathology as much as we are with the testing of hearing, and those who have hearing problems. The Bill is a little different from the Bills that have been submitted to the Legislature under the Bill covering the professions and the revision simplifications, which are the result of five or six years' study by the Joint Legislative Committee to revise and simplify the educational law. This Bill will follow in succession, maybe not with the same articles numbered, the Bills already in existence with regard to licensing.

I would like to call to the attention of the Committee that they have already written an omnibus special in the establishment of examining

Boards for all other professions, procedures of grievance matters, appointments to the Board in the form of nominations not by one group but more open nominations and actual appointments by the Regents. The most of the Bills that I am familiar with also have one question, one problem that has been discussed here today, in that there is a general exception or exclusion clause, so that you do not attempt in a Bill which covers one profession to control the scope of practice or the acts that are permitted to another group.

Your Committee has already considered, and the Legislature last year passed a bill involving the Hearing Aid Dealers and dependent upon precedence of action, you might very well nullify the very things that you approved on your previous Committee hearings if this Bill, as I have seen it here today, were presented to the Legislature. I have been limited as to the amount of time given here to study it. However, were it to be passed prior to the Hearing Aid Dealers' Bill, it might nullify our legislation. Then you would have to, I would say, re-draft the entire Bill. I am going to be critical, actually I think this Bill could have conformed more to the present laws of the State of New York and the control of jurisdiction of the other professions in the allied health field. I think it should be given serious consideration.

Dr. Miller reiterated the fact, I have forgotten the first speaker or rather, I believe it was Dr. Gillis that I am talking about, the second speaker, that there was no intent to restrict or prohibit the present practice of Hearing Aid Dealers. I think any attempt to do so under this Bill would be retrogressive, as far as the public is concerned, and would be to the damage of the general public. From the information furnished me, there are a limited number of audiologists available to do the testing required and service the general public in the State of New York. I understand that approximately eighty per cent of the hearing aids are now dispensed by hearing aid dealers. It seems highly improbable that a small group could take over this complete service. Any major change in the present procedure of testing and fitting would be to the detriment of the public and it would increase the length of time to service the public. We are also tampering with the question of supply and demand in the available personnel. I am sure you are all familiar with how many of those are wearing glasses here, if you try to get an appointment with an ophthamologist. You may be tree to six months before you can see him. If you want to create the same problem in hearing aids, this is the first step in it, to restrict what the hearing aid dealer is doing.

I quote, not quote but re-state Dr. Miller's comment that their first principle was the concern for the general public. They are not the only people concerned with the general public. The Hearing Aid Dealers also are and I think they, too, took steps at an earlier time to do this in a voluntary manner by submitting to the Attorney General of the State of New York a Code of Ethics which they have attempted, and I think made a good success in following and policing their own group. Then they went on from there to also, they did not, but I understand a committee after hearing the circumstances and the practices, submitted a Bill which would go to the licensing and control the jurisdiction of those dispensing hearing aids.

I would like to keep this as short as possible but I would also like to see used some of the language that was used in the other Bills regarding the exception of the other professions from the proposed Bill on pathology, speech pathology and audiology. There is very simple general language and I would just like to give a little from memory and I don't think this is exact, but the practice, the exception would cover the practice of individuals properly licensed or certified under laws of the State of New York practicing within the scope of this practice as defined in the laws pertaining thereto. Then you don't have a conflict as to which one prevails, and each one is governed by the description of what constitutes his license practice.

There are many other questions here but I think Mr. Dempsey has gone into several of them and Mr. Cerosky pursued them along the definition of what constitutes, on page two, the practice of audiology and what an audiologist means, and when they describe one, who evaluates examination, treatment or counsels. Now, these are pretty broad terms and I think you certainly can say a Hearing Aid Dealer counsels people in regard to their hearing problems. To me that means any sort of advice that is extended to them.

So therefore, I think there is a very pressing need for exceptions in here as to those acts for the scope of the practice carried on by other people. I think that the Bill to me could stand considerable redrafting and it is critical but I must be so in view of the controversy, the misunderstanding that has arisen here today concerning the language that is used therein. I think that the presence of the large number of Hearing Aid people here from all over the State indicates their concern that there is a serious attempt to restrict and prohibit them in the practice they have carried on for twenty years before audiology reached a point of recognition. They are entitled to some recognition of their services to the public in the past and I think they have done a very excellent job.

I thank you very much.

CHAIRMAN CEROSKY: Any questions?

SENATOR PRESENT: Mr. Doody, you mentioned the exception included, that is in the laws, licensing laws. Unless we licensed Hearing Aid Dealers, that wouldn't be effective, would it?

MR. DOODY: No, it wouldn't be effective.

SENATOR PRESENT: Unless we pass it?

MR. DOODY: But you could change the language slightly and say those licensed or certified by the State under the laws of the State present or hereinafter. Now, I don't like to see you do that. I would rather see you proceed in the orderly fashion with the Bill that is presently before you, has been before the Legislature, and which you considered properly sponsored by your Committee to the Legislature. Then you can consider the audiologists in turn and you wouldn't have that problem.

CHAIRMAN CEROSKY: Any other questions? If not, thank you very kindly, Mr. Doody, for coming up and giving us your testimony.

Next we have Dr. Dianne Castle.

DR. CASTLE: I am Dianne Castle. I am Supervising Audiologist at the Rochester School for the Deaf.

Since state licensing of speech pathologists and audiologists is a comparatively recent event in this country, we ought to proceed with caution and with due respect for what may occur in other states as a result of such action here. I would like to advocate that there is reasonableness for making all state statutes for licensure essentially the same so that reciprocity is accomplished with ease and so that there is compatibility with the standards established by the professional association most directly involved.

In this attitude, I would like to suggest that the definitions for the New York State Law regarding speech pathologists and audiologists is compatible on a verbatim basis with the only already existing licensing law in the country, passed in Florida in 1969. These definitions are as follows: 1) Speech Pathologist means any person who examines, evaluates, treats or counsels for which a fee may be charged, persons suffering or suspected of suffering from disorders or conditions affecting speech or language, or who assists persons in the faculty of uttering articulate sounds or words for purposes of communication by means of the spoken word. A person is deemed to be a Speech Pathologist if he offers such services to the public under any title incorporating the word 'Speech Pathology, Speech Pathologist, Speech Correction, Speech Correctionist, Speech Therapy, Speech Therapist, Speech Clinic, Speech Clinician, Voice Therapist, Language Therapist, Aphasia Therapist, Communication Disorder Specialist and Communication Therapist.'

2) Audiologist means any person who examines, tests, evaluates, treats or counsels for which a fee may be charged persons suffering or suspected of suffering from disorders or conditions affecting hearing, or assists persons in perceiving of sound or improving the senses by which noises and tones are received as simulae to the auditory faculties. A person is termed to be an Audiologist if he offers such services to the public under any title incorporating the terms 'Audiology, Audiologist, Audiological, Hearing Clinician, Hearing Clinic, Hearing Therapy, Hearing Therapist' and

3) Speech Pathology Aide means those persons meeting the minimum qualifications established

by the Commissioner for Speech Pathology and Audiology, Aides who work directly under the supervision of a Speech Pathologist or Audiologist, respectively. Qualifications for registration as an Aide shall be uniform but shall be less than those prescribed for a speech pathologist or audiologist.

In addition, I support the definitions of "speech pathology services, audiological services, and the practice of speech pathology and audiology" as defined in the proposed Article 155Y as pertinent additional definitions to be written into such a public law.

I would submit that mere membership in the usual state speech and hearing association is not sufficient for licensure in speech pathology or audiology from that state. It seems reasonable rather to base the licensing program of a state on requirements that follow the pattern of those for certification in speech pathology or audiology offered by the American Speech and Hearing Association and already included in the first licensing law in the United States. These requirements are cited in the Florida Law and I won't take the time, because it is late, to outline them, but in contrast to the proposal that I read, regarding the New York State suggestion for licensure, these were not outlined there and I feel it would be appropriate to specify the requirements.

It is my feeling that anyone with a bona-fide Certificate of Clinical Competency from the American Speech and Hearing Association should be granted licensure automatically as long as he is a State resident. Additionally, I feel that any person who has completed the educational and experience requirements for ASHA certification should be granted licensure upon proof of having passed an examination prescribed by the State or by the American Speech and Hearing Association.

Beyond this discussion there are two minor reservations which I would have to the proposed Article 155. The first of these has to do with the term of office for a member of the Board of Examiners. There is no specification of the number of three-year terms that a member might serve. It is my belief that this should be specified and the number of terms should not be in excess of two.

The second concern has to do with Section 7803-Registration. It is my opinion that it would be appropriate to insert an amendment allowing for a single license fee for individuals who may qualify for licensing in both Speech Pathology and Audiology.

I wish to thank you for this opportunity to review the proposed legislation and to express my opinion about possible changes that should be made before it is enacted.

I wish to thank you for my opportunity here to express my point of view.

CHAIRMAN CEROSKY: Any questions? You would like to see a more broadened definition then under the proposed Bill than what is there presently, as I understand it?

DR. CASTLE: I feel that the Bill can be re-worked, yes.

CHAIRMAN CEROSKY: Are you a member of ASHA?

DR. CASTLE: Yes. I hold a Certificate of Clinical Competency.

CHAIRMAN CEROSKY: Have you worked with ASHA working out the proposed legislation?

DR. CASTLE: No.

CHAIRMAN CEROSKY: I want to thank you on behalf of the Commission for taking the time to come before us today.

Are there any further remarks to be made before the end of this Commission Hearing?

DR. FELDMAN: I don't think it is really necessary for me to say anything further on this matter. Dr. Miller has perfectly handled everything I was going to say. My temper has cooled a little bit and I am therefore not going to speak before the group.

CHAIRMAN CEROSKY: We have one other person who has asked to speak before us and that is Mr. Alfred Dunlavy.

MR. DUNLAVY: Mr. Cerosky, Members of the Temporary State Committee to study and investigate the problmes of the Deaf, my name is Alfred M. Dunlavy, Vice President of the National Hearing Aid Society, a Member of the Board of Directors of the New York State Dealers' Association, and a Member of the Board of New York Hearing Aid Dealers' Guild and a Hearing Aid Dealer for the past thirty-five years.

When I spoke in Rochester, approximately a year ago, I stated at that time that I felt that we should bury the hatchet, but not into each other. I still feel exactly that way. I feel that the audiologist and the hearing aid dealer should work together for the common good of the hard-of-hearing public.

I agree with Dr. Gillis and Dr. Miller that the audiologist and speech therapist should be licensed. The public is entitled to know which one is qualified and who is not qualified. By the same token, I believe the hearing aid dealer should be licensed, so that we will know which one of the dealers is qualified.

This will upgrade, will augment the educational requirements. It will make better people in all the groups to better serve the general hard-of-hearing public.

But I am vehemently against any law or any bill that will build a fence around a small, tight group of people and make it necessary, as Dr. Gillis said this morning, for each person to go through or go to an audiologist before he or she could purchase a hearing aid. Eighty-five per cent of the hearing aids in the United States are fitted by hearing aid dealers. According to a survey made by the Public Health Service a few years ago of those full-time users, eighty-five per cent -- excuse me -- ninety-three per cent were satisfied with the service and the hearing that they obtained.

8 Now, with a record of that type I think it would be completely wrong, it would be wrong not to the hearing aid dealers but to the general public who need hearing aids, to have to go to this additional expense, to go to an audiology center or to an audiologist exclusively for a "prescription" for a hearing aid.

As a matter of fact, I might state on the question of a "prescription", a hearing aid, it is very interesting that some feel that only an audiologist can make a prescription or determine the exact hearing aid that is necessary for an individual. If this is the case, then why is it that usually the "prescription" has on it: "Please extend a thirty-day trial or a thirty-day rental". If we can be as definitive in prescribing a hearing aid as we are in prescribing glasses, then we shouldn't have to have the loan or the trial period. I am also an optician and I have yet to ever get a prescription on glasses which says: "Please allow this person to try the lens for thirty days to see whether it will be satisfactory."

I also want to agree with Dr. Miller again in what he says he believes the group should re-read Section 7807, particularly Section 2, which states: "Construction. Nothing in this article shall be construed to limit -- (to the use of the tools, tests, instruments or techniques which are common property of the profession of speech pathology and audiology or other related professions such as medicine, clinical psychology, nursing or other persons who are properly licensed or registered under the laws of the State of New York, so long as these tools, tests, instruments or techniques are not publicly described or advertised as services."

Let us go back on that for just a second, if you will, please. The use of the tools, tests, instruments or techniques, which are common property of the profession of speech pathology and/or audiology. I assume from that it means an audiometer. The audiometer was used by the Hearing Aid Dealer before the practice of audiology ever started. As a matter of fact, I was using audiometers before most of the audiologists now were born. That shows my age. But it is perfectly true the Hearing Aid Dealers were using the audiometer before that time, and to take this away from him would deprive the public of a service that they now should have, because a good Hearing Aid Dealer must use an audiometer.

It would also mean that many people in need of a hearing aid would probably die of old age before his number came up to be tested. In New York City alone, testing for Medicaid we had from three months to eighteen-months' backlog just testing those for Medicaid and heavens above, if we had to wait that long to get a hearing aid for everyone, I am certain anyone past fifty would probably die before his number came up.

Now, this idea of my remarks a few minutes ago about burying the hatchet but not into each other, and that we should cooperate, I would like to quote from the testimony of Dr. Aaron Gloring before the Sub-Committee on Consumer Interests of the Elderly, of the complete Committee on Aging, U. S. Senate, July 18 and 19, 1968. Dr. Gloring states: "Table 2 indicates that at least thirty per cent of people between 65 and 80 definitely need help. There are probably 20-million persons in the United States who are 65 or over. If thirty per cent of these people need help of one magnitude or another, the potential number of older Americans who need service oriented toward hearing is conservatively six-million. When four per cent of the remaining 180 persons under sixty-five are added to this, it is rather apparent that 3500 audiolaryngologists, the 1,000 audiologists and the 5,000 Hearing Aid Dealers, plus approximately 500 centers equipped to handle impaired hearing persons have an impossible task, even if everyone cooperates well." It further states: "During my twenty-odd years of experience in otology, it has been quite evident that a team approach to the problem is essential."

That, Ladies and Gentlemen, is my opinion, that we must not limit this. Heavens above, we haven't enough people now to take care of them. If we used Dr. Gloring's lesser figure, those under sixty-five, which he states were four per cent who need hearing help, and we take the population of New York State, which is roughly 18-million, and we take four per cent of that, we find that 720-thousand people in New York State are potential needers of this service. Now, how in the world can a few people, two or 300 audiologists, serve the entire community?

I believe this, again I want to repeat, that it is very important that we have licensing. I believe it is important that we have licensing for audiologists, for speech pathologists, for New York Hearing Aid Dealers, but I am going to throw out the gauntlet, why can't we work together so that one is not excluded over the other? We must learn to work together and fortunately the National Hearing Aid Society and ASHA have had meetings recently where they have worked on a model bill that will not injure each other. There are twenty-four States licensed with Hearing Aid Dealers today and out of the entire number every State has a provision to except the audiologist from doing his testing. Why can't we have the same exception?

Thank you very much.

CHAIRMAN CEROSKY: Any questions? If not, I want to thank you, Mr. Dunlavy, for taking your time to come here today.

Anyone else who would like to testify before the Commission? If not, I will call the Commission Hearing to an end.

I want to thank those persons who took of their time today to be here and again the Commission will take under advisement all the testimony that was offered here today and in the future.

Thank you again.

(Hearing concluded.)

APPENDIX K

Resolution Supporting the National Census of the Deaf Project

RESOLUTION

WHEREAS, the National Census of the Deaf is conducting a census of deaf persons in the United States; and

WHEREAS, there is a serious lack of vital statistical information relating to the numbers of deaf persons in the United States and in the State of New York, their relationship to our society and their percentage in our society; and

WHEREAS, the National Census of the Deaf will promote our awareness of the numbers and problems of deaf persons in the United States and the State of New York and will be beneficial in identifying and solving problems of the Deaf,

NOW, THEREFORE, be it

RESOLVED, that the State of New York Temporary State Commission To Study The Problems Of The Deaf fully endorses the work and goals of the National Census of the Deaf; and be it further

RESOLVED, that the State of New York Temporary State Commission To Study The Problems Of The Deaf will endeavor to assist and further the work and goals of the National Census of the Deaf.

Richard A. Cerosky
Chairman, State of New York
Temporary State Commission To
Study The Problems Of The Deaf